

*Division of Health Care Finance and Policy*

**Fiscal Year 2002**

**Outpatient Hospital  
Observation Database  
Documentation Manual**

**July 2003**

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General Documentation  
FY2002 Outpatient Hospital Observation Database

**Table of Contents**

	<u>Page</u>
I. Introduction	1
II. Compact Disk (CD) File Specification	2
III. Data Standards	3
A. Definition of Quarterly Reporting Periods	3
B. Data Edits and Error Categories	4
C. Data Element Field Descriptions and Error Categories	5
D. Outpatient Observation Data Codes	9
E. Description of Data Levels I – VI	13
IV. Data Verification Process	14
A. Profile Report Distribution Tables	14
B. Profile Report Error Categories	15
C. Summary of Hospitals' FY02 Profile Report Responses	16
D. Reported Profile Report Discrepancies by Category	23
E. Index of Hospitals Reporting Data Discrepancies	24
F. Individual Hospital Discrepancy Documentation	25
V. Cautionary Use Data	34
A. Hospitals with Cautionary and Missing Data for FY02	35

General Documentation  
FY2002 Outpatient Hospital Observation Database

**Table of Contents**

	<u>Page</u>
VI. Hospitals Submitting OOA Data for FY 2002	36
A. Hospitals Submitting Observation Data for FY02	36
B. Hospitals with No OOA Data Submissions for FY02	38
C. Hospitals that Do Not See Observation Patients	39
VII. Calculated Fields	40
A. Age Calculation	40
B. Observation Sequence Number Calculation	41
C. No. Days Between Observation Stays Calculation	42
VIII. Appendices	43
A. .DBF File Structure	44
B. .MDB File Structure	46
C. .TXT File Structure	48
D. Outpatient Observation Data Levels I – VI	50
E. Hospital Addresses	54
F. Hospital DPH ID, ORG ID & Facility Site ID	59
G. Alphabetical Source of Payment List	62
H. Numerical Source of Payment List	70
I. Mergers, Name Changes, Closures, Conversions, Non-Acute Care Hospitals	79

## I. Introduction

The Massachusetts Division of Health Care Finance and Policy began collecting Outpatient Observation Data in July 1997. The Division's collection of Outpatient Observation Data was in response to increasing migration of hospital care to the outpatient observation setting from the traditional inpatient setting. Outpatient Observation patients are observed, evaluated, and treated, if necessary, before they are safely discharged from the hospital.

The Outpatient Observation Data includes patients who receive outpatient observation services and are not admitted to the hospital. Outpatient Observation services is defined generally for reporting purposes in the Case Mix Regulation 114.1 CMR 17.02 as:

*Observation services are those furnished on a hospital's premises which are reasonable and necessary to further evaluate the patient's condition and provide treatment to determine the need for possible admission to the hospital. These services include the use of a bed and periodic monitoring by a hospital's physician, nursing, and other staff.*

This manual includes information to be used with the Outpatient Observation case mix data as specified in 114.1 CMR 17.08, Outpatient Observation Data Specifications. Information contained in this manual includes the data file specifications, standards the Division is using for checking the data, hospital verification responses concerning hospital reported data, and file structure descriptions. Also included is information on cautionary use data and calculated fields.

### Regulations:

Copies of **Regulation 114.1 CMR 17.00: Requirement for the Submission of Hospital Case Mix and Charge Data** and **Regulation 114.1 CMR 2.00: Disclosure of Hospital Case Mix and Charge Data** may be obtained for a fee by faxing a request to the Division at (617) 727-7662. The Regulations also may be found at the Division's web site: <http://www.mass.gov/dhcfp>.

## II. Compact Disk (CD) File Specification

### 1) Data Formats:

The Division has created the outpatient observation data set in three available formats:

- .DBF
- .MDB
- .TXT

### 2) File / Table Names:

OA02L#Q1  
OA02L#Q2  
OA02L#Q3  
OA02L#Q4

Where ‘#’ stands for the level of data requested.

### 3) 2002 Outpatient Observation Record Counts:

For Hospital Year 2002 the number of outpatient observation stays collected from Massachusetts hospitals for Quarters 1 – 4 totaled 130,959. The distribution by quarter is as follows:

Quarter 1	31,592	(N = 73 Hospitals Reporting)
Quarter 2	32,454	(N = 73 Hospitals Reporting)
Quarter 3	33,651	(N = 73 Hospitals Reporting)
Quarter 4	33,262	(N = 73 Hospitals Reporting)

### 4) Data Formats:

For a complete listing of database structure formats (.DBF, .MDB, and .TXT), please refer to the Appendices at the back of this manual.

### **III. Data Standards**

#### Definition of Quarterly Reporting Periods

All Massachusetts acute care hospitals are required to file data that describes the case mix of their patients as well as the charges for services provided to their patients in accordance with Regulation 114.1 CMR 17.00. Hospitals report data to the Division on a quarterly basis. For the 2002 period, these quarterly reporting intervals were as follows:

Quarter 1:	October 1, 2001 – December 31, 2001
Quarter 2:	January 1, 2002 – March 31, 2002
Quarter 3:	April 1, 2002 – June 30, 2002
Quarter 4:	July 1, 2002 – September 30, 2002

### III. Data Standards

#### Data Edits and Error Categories

Fiscal Year 2002 outpatient observation data was submitted by the hospitals 75 days after the close of each quarter. The required data elements were then edited using the corresponding edits as specified in ***Regulation 114.1 CMR 17.08: Outpatient Observation Data Specifications***.

The quarterly data is edited for compliance with regulatory requirements using a one percent error rate as specified in Regulation 114.1 CMR 17.08. The one percent error rate is based on the presence of type A and type B errors as follows:

Type A: One error per outpatient observation stays causes rejection of discharge.

Type B: Two errors per outpatient observation stay causes rejection of discharge.

If one percent or more of the discharges are rejected, then the entire data submission is rejected by the Division, and the hospital is informed that the submission failed the edit process. These edits primarily check for valid codes, correct formatting, and the presence of required data elements. Please see listing of data elements categorized by error type, which follows this section.

Each hospital receives a quarterly error report displaying invalid outpatient observation stay information. Quarterly data which does not meet the one percent compliance standard must be resubmitted by the individual hospital until the standard is met.

The Division strives to include data that has passed the one percent compliance standard in the data files we release to the public. When this is not possible, we include data which did not meet the 1% standard (i.e. failed the edits). Submissions which have failed are referred to as **Cautionary Submissions**. Observation stays within submissions that have failed the edit process are assigned a special flag, which indicates that the submission failed.

Please see the Cautionary Use Data section for further technical details.

### III. Data Standards

#### Data Element Field Descriptions and Error Categories

The following are the required data elements that hospitals must report to the Division in accordance with the Case Mix Regulation 114.1 CMR 17.00. We have also included additional fields created by the Division. ***Newly added this year*** is an ED indicator that went into effect October 1, 2001. The flag indicates whether the patient was admitted to the outpatient observation stay from the hospital's emergency department.

Each recipient of the outpatient observation data has been granted approval by the Division to receive a certain level of data. Please refer to Section III for a description of Data Levels I – VI, and to Section VIII to review the specific data elements contained in your data files. Please note that higher levels contain an increasing number of Deniable Data Elements.

In addition to the field names, the data description and error category for each field is listed below:

	Field Name:	Short Description:	Error Category:
1	Hos_ID	Hospital DPH number	A
2	MultiSiteN	Hospital's designated number for multiple sites merged under one DPH number	
3	Pt_ID	Unique Health Identification Number	A
4	MR_N	Patient's Medical Record number	A
5	Acct_N	Hospital billing number for the patient	A
6	MOSS	Mother's social security number for infants up to 1 year old	B
7	MCD_ID	Medicaid Claim Certificate Number	A
8	DOB	Patient's date of birth	A
9	Sex	Patient's sex	A
10	Race	Patient's race	B
11	Zip_Code	Patient's zip code	B



General Documentation  
FY2002 Outpatient Hospital Observation Database

### III. Data Standards

#### Data Element Field Descriptions and Error Categories

	<b>Field Name:</b>	<b>Short Description:</b>	<b>Error Category:</b>
12	Ext_Zcode	Patient's 4 digit zip code extension	
13	Beg_Date	Patient's beginning service date	A
14	End_Date	Patient's ending service date	A
15	Obs_Time	Initial encounter time of day	B
16	Ser_Unit	Unit of Service is hours	A
17	Obs_Type	Patient's type of visit status	B
18	Obs_1Srce	Originating, referring, or transferring source for Observation Visit	B
19	Obs_2Srce	Secondary referring or transferring source for Observation visit	B
20	Dep_Stat	Patient's departure status	A
21	Payr_Pri	Patient's primary source of payment	A
22	Payr_Sec	Patient's secondary payment source	A
23	Charges	Total charges for observation rounded up to the nearest dollar	A
24	Surgeon	Patient's surgeon for this visit: Unique Physician Number (UPN), or "DENSG", "PODTR" or "OTHER" or "MIDWIF"	B
25	Att_MD	Patient's attending physician: Unique physician Number (UPN), or "DENSG", "PODTR" or "OTHER" or "MIDWIF"	B
26	Oth_Care	Other caregiver	B
27	PDX	Patient's principal diagnosis: Valid ICD-9-CM code	A
28	Assoc_DX1	Patient's first associated diagnosis: Valid ICD-9-CM code	A

### III. Data Standards

#### Data Element Field Descriptions and Error Categories

	<b>Field Name:</b>	<b>Short Description:</b>	<b>Error Category:</b>
29	Assoc_DX2	Patient's second associated diagnosis: Valid ICD-9-CM code	A
30	Assoc_DX3	Patient's third associated diagnosis: Valid ICD-9-CM code	A
31	Assoc_DX4	Patient's fourth associated diagnosis: Valid ICD-9-CM code	A
32	Assoc_DX5	Patient's fifth associated diagnosis: Valid ICD-9-CM code	A
33	P_PRO	Patient's Principal Procedure: Valid ICD-9-CM code	A
34	P_PRODATE	Date of patient's Principal Procedure	B
35	Assoc_PRO1	Patient's first associated procedure: Valid ICD-9-CM code	A
36	Assoc_DATE1	Date of patient's first associated procedure	B
37	Assoc_PRO2	Patient's second associated procedure: Valid ICD-9-CM code	A
38	Assoc_DATE2	Date of patient's second associated Procedure	B
39	Assoc_PRO3	Patient's third associated procedure: Valid ICD-9-CM code	A
40	Assoc_DATE3	Date of patient's third associated procedure	B
41	CPT1	Patient's first CPT code	A
42	CPT2	Patient's second CPT code	A
43	CPT3	Patient's third CPT code	A
44	CPT4	Patient's fourth CPT code	A
45	CPT5	Patient's fifth CPT code	A
46	ED_Flag	Character	A

General Documentation  
FY2002 Outpatient Hospital Observation Database

**III. Data Standards**

Data Element Field Descriptions and Error Categories

Additional Fields Created by the Division:

MonthofBeg_Date	Month of Begin Date	NA
YearofBeg_Date	Year of Begin Date	NA
MonthofEnd_Date	Month of End Date	NA
YearofEnd_Date	Year of End Date	NA
AgeOfPatient	Patient Age	NA
AgeUnits	Term Patient Age is Based On	NA
ObsSeq_Num	Observation Sequence Number	NA
NoofDaysBtwObs	Number of Days Between Observation Stays	NA
SubmissionPassed	Submission Passed Edits Flag	NA

**Notes:**

- 1) ICD-9-CM Code = International Classification of Diseases, 9<sup>th</sup> Revision, Clinical Modification
- 2) CPT = Physician's Current Procedural Terminology Codes

### III. Data Standards

#### Outpatient Observation Data Codes

The following are the data codes for the required data elements that hospitals must report to the Division in accordance with Case Mix Regulation 114.1 CMR 17.00. We have also included data codes for the additional fields created by the Division. Each recipient for outpatient observation data has been granted approval by the Division to receive a certain level of data. Please refer to Section III for a description of Data Levels I – VI and to Section VIII to review the specific data elements contained in your data files. Please note that the higher levels contain an increasing number of Deniable Data Elements.

Field Name	Description
Hos_ID	Hospital Department of Public Health number
Multi_SiteN	Optional field for a hospital's determined number used to distinguish multiple sites that fall under one DPH number
Pt_ID	Unique Health Identification Number (UHIN)
MR_N	Patient's hospital medical record number
Acct_N	Hospital's billing number for the patient
MOSS	Mother's UHIN for infants up to one year old or less
MCD_ID	Medicaid Claim Certificate Number
DOB	Birth month, day, and year
Sex	1 = male; 2 = female; 3 = unknown
Race	1 = White; 2 = Black; 3=Asian; 4 = Hispanic; 5 = Native American; 6 = Other; 9 = Unknown
Zip_Code	Patient's residential 5-digit zip code
Ext_Zcode	Patient's residential 4 digit zip code extension
Beg_Date	Month, day, and year when service begins
End_Date	Month, day, and year when service ends
Obs_Time	Initial Observation encounter time. The time the patient became an Observation Stay patient.
Ser_Unit	The amount of time the patient has spent as an Observation Stay patient. The unit of service for Observation Stay is hours.

General Documentation  
FY2002 Outpatient Hospital Observation Database

### III. Data Standards

#### Outpatient Observation Data Codes

Field Description	Description
Obs_Type	Observation Visit Status: 1 = Emergency, 2 = Urgent, 3 = Elective, 4 = Newborn, 5 = Information Not Available
Obs_1Srce	<p>Originating Observation Visit Source:</p> <p>1 = Direct Physician Referral, 2 = Within Hospital Clinic Referral 3 = Direct Health Plan Referral, 4 = Transfer from Acute Care Hospital, 5 = Transfer from SNF, 6 = Transfer from ICF, 7 = Outside Hospital ER Transfer, 8 = Court/Law Enforcement, 9 = Other, 0 = Information Not Available, L = Outside Hospital Clinic Referral, M = Walk-In/Self- Referral, R = Inside Hospital ER Transfer, T = Transfer from another Institution's SDS, W = Extramural Birth, Y = Within Hospital SDS Transfer</p> <p>Example: If a patient is transferred from a SNF to the hospital's clinic and then becomes an Observation Stay status, the Originating Observation Source would be "5 – Transfer from SNF".</p>
Obs_2Srce	<p>Secondary Observation Visit Source:</p> <p>1 = Direct Physician Referral, 2 = Within Hospital Clinic Referral 3 = Direct Health Plan Referral, 4 = Transfer from Acute Care Hospital, 5 = Transfer from SNF, 6 = Transfer from ICF, 7 = Outside Hospital ER Transfer, 8 = Court/Law Enforcement, 9 = Other, 0 = Information Not Available, L = Outside Hospital Clinic Referral, M = Walk-In/Self- Referral, R = Inside Hospital ER Transfer, T = Transfer from another Institution's SDS, W = Extramural Birth, Y = Within Hospital SDS Transfer</p> <p>Example: If a patient is transferred from a SNF to the hospital's clinic and then becomes an Observation Stay status, the Secondary Observation Source would be "2 – Within Hospital Clinic Transfer".</p>
Dep_Stat	<p>Patient Disposition (Departure Status):</p> <p>1 = Routine, 2 = Adm to Hospital, 3 = Transferred, 4 = AMA, 5 = Expired</p>
Payr_Pri	Primary Source of Payment. Please see Appendix H for Alphabetical Source of Payment List & Appendix I for Numerical Source of Payment List
Payr_Sec	Secondary Source of Payment. Please see Appendix H for Alphabetical Source of Payment List & Appendix I for Numerical Source of Payment List
Charges	Grand total of all charges associated with the patient's observation stay.

General Documentation  
FY2002 Outpatient Hospital Observation Database

### III. Data Standards

#### Outpatient Observation Data Codes

Field Description	Description
Surgeon	Unique Physician Number (UPN), or “DENSG” = Dental Surgeon, “PODTR” = Podiatrist or “OTHER” = for situations where no permanent physician license number is assigned or if a limited license is assigned, or “MIDWF” = Midwife, Or ----- = Invalid
Att_MD	Unique Physician Number (UPN), or “DENSG” = Dental Surgeon, “PODTR” = Podiatrist or “OTHER” = for situations where no permanent physician license number is assigned or if a limited license is assigned, or “MIDWF” = Midwife, Or ----- = Invalid
Oth_Care	Other primary caregiver responsible for patient’s care: 1 = Resident, 2 = Intern, 3 = Nurse Practitioner, 4 = Not Used, 5 = Physician Assistant
PDX	ICD9 Principal Diagnosis excluding decimal point
Assoc_DX	ICD9 Associated Diagnosis, up to five associated diagnoses excluding the decimal point
P_PRO	Principal ICD9 Procedure excluding decimal point
P_PRODATE	Date of Patient’s Principal Procedure
Assoc_PRO	ICD9 Associated Procedures, up to three associated procedures excluding the decimal point
AssocDATE	Date(s) of patient’s associated procedures, up to three
CPT	CPT4, up to five CPT codes
ED_Flag	Flag to indicate whether patient was admitted to this outpatient observation stay from this facility’s ED.

General Documentation  
FY2002 Outpatient Hospital Observation Database

**III. Data Standards**

Outpatient Observation Data Codes

**Additional Fields Created by the Division:**

<b>Field Description</b>	<b>Description</b>
MonthofBeg_Date	1 = January, 2 = February, 3 = March, 4 = April, 5 = May, 6 = June, 7 = July, 8 = August, 9 = September, 10 = October, 11 = November, 12 = December
YearOfBeg_Date	4 digit year
MonthOfEnd_Date	1 = January, 2 = February, 3 = March, 4 = April, 5 = May, 6 = June, 7 = July, 8 = August, 9 = September, 10 = October, 11 = November, 12 = December
YearofEnd_Date	4 digit year
AgeOfPatient	In years if >=1, in weeks if <1
AgeUnits	Weeks or Years
ObsSeqNum	Observation Sequence Number
NoofDaysBtwObs	Number of Days Between Observation Stays
SubmissionPassed	-1 = Passed, 0 = Failed

### III. Data Standards

#### Description of Data Levels I - VI

Six Fiscal Year 2002 data levels have been created to correspond to the levels in ***Regulation 114.5 CMR 2.00; “Disclosure of Hospital Case Mix and Charge Data”***. Higher levels contain an increasing number of the data elements defined as “Deniable Data Elements” in Regulation 114.5 CMR 2.00. The deniable data elements include: the Unique Health Identification Number (UHIN - which is the encrypted patient social security number), the patient medical record number, hospital billing number, Mother’s UHIN, Medicaid claim certificate number (Medicaid Recipient ID number), date of birth, beginning and ending dates of service, the Unique Physician Number (UPN - which is the encrypted Massachusetts Board of Registration in Medicine License Number), and procedure dates.

The six levels include:

- |                  |   |
|------------------|---|
| <b>LEVEL I</b>   | Contains all case mix data elements, except the deniable data elements.   |
| <b>LEVEL II</b>  | Contains all Level I data elements, plus the UPN.   |
| <b>LEVEL III</b> | Contains all Level I data elements, plus the patient UHIN, the mother’s UHIN, an observation sequence number for each UHIN observation record, and may include the number of days between each subsequent observation stay for each UHIN number.          |
| <b>LEVEL IV</b>  | Contains all Level I data elements, plus the patient UHIN, the mother’s UHIN, the UPN, an observation sequence number for each UHIN observation record, and may include the number of days between each subsequent observation stay for each UHIN number. |
| <b>LEVEL V</b>   | Contains all Level IV data elements, plus the patient’s beginning service date, and ending service date and procedure dates.  |
| <b>LEVEL VI</b>  | Contains all of the deniable data elements, except the patient identifier component of the Medicaid recipient ID.   |



#### IV. Data Verification Process

The year-end Outpatient Observation Data verification process is intended to present the hospitals with a profile of their individual data as retained by the Division. The purpose of this project is to function as a quality control measure for hospitals to review the data they have provided to the Division of Health Care Finance and Policy.

Hospitals have an opportunity to review their data each year. The Division produces a Profile Report for the hospital to review that contains a series of frequency distribution tables covering selected data elements. Examples of these tables include number of observation patients by month, average hours of service, charge summary, and the top diagnoses and procedures. A complete listing of all tables is shown below.

##### Profile Report Distribution Tables

• Observation Patient by Month	• Patient Sex Distribution
• Average Hours of Service	• Patient Race Distribution
• Charge Summary	• Top 10 Zip Codes of Patient Origin
• Observation Type Distribution	• Top 10 Primary Diagnoses, Average Charge, and Average Hours of Service
• Originating Referral / Transferring Source	• Top 10 Principal Procedures
• Secondary Referral / Transferring Source	• Top 10 Primary Payors
• Other Primary Caregivers	• Top 10 Secondary Payors
• Departure Status Summary	• Top 10 CPT Codes
• Patient Age Distribution	

#### IV. Data Verification Process

After reviewing each Profile Report, hospitals are asked to file a response form that provides the Division with verification that the report has been reviewed. The **Profile Report Response Form** provides each hospital with two alternatives for their reply:

Hospital Agrees (also known as an “A” response): By checking this category, a hospital indicates its agreement that the data appearing on the Profile Report is accurate and that it represents the hospital’s outpatient observation patient profile.

Hospital Discrepancies Noted (also known as a “B” response): By checking this category, a hospital indicates that the data on the report is accurate except for discrepancies noted.

If any discrepancies exist (i.e. a “B” response), the Division requests that hospitals provide a written explanation of the discrepancies, which will be included in this Outpatient Observation Documentation manual. A listing of the Profile Report Error Categories is shown below:

##### Profile Report Error Categories:

The discrepancy categories that hospitals may report on the Profile Report Verification Response form are as follows:

Patients by Month	Other Primary Caregivers	Diagnoses
Hours of Service	Departure Status	Procedures
Charge Summary	Age	Primary Payors
Observation Type Distribution	Sex	Secondary Payors
Originating Referring / Transfer Source	Race	CPT Codes
Secondary Referring / Transfer Source	Zip Codes	

Hospitals are strongly encouraged by the Division to review their Profile Report for inaccuracies and make necessary corrections so that subsequent quarters of data will be accurate.

General Documentation  
FY2002 Outpatient Hospital Observation Database

**IV. Data Verification Process**

Summary of Hospitals' FY 2002  
Profile Report Responses

DPH ID	HOSPITAL NAME	'A'	'B'	NONE	COMMENTS
2006	Anna Jaques Hospital	X			
2226	Athol Memorial Hospital	X			
2339	Baystate Medical Center	X			
2313	Berkshire Health Systems – Berkshire Medical Center	X			
2069	Beth Israel Deaconess Med. Ctr.	X			
2054	Beth Israel Deaconess - Needham	X			
2307	Boston Medical Center	X			
2921	Brigham & Women's	X			
2118	Brockton Hospital	X			
2108	Cambridge Health Alliance	X			
2135	Cape Cod Hospital	X			
2003	Caritas Carney Hospital	X			
2101	Caritas Good Samaritan Med. Ctr.	X			
2225	Caritas Holy Family Hospital	X			

General Documentation  
FY2002 Outpatient Hospital Observation Database

**IV. Data Verification Process**

Summary of Hospitals' FY 2002  
Profile Report Responses

DPH ID	HOSPITAL NAME	'A'	'B'	NONE	COMMENTS
2114	Caritas Norwood Hospital	X			
2011	Caritas St. Anne's	X			
2085	Caritas St. Elizabeth's	X			
2139	Children's Hospital	X			
2126	Clinton Hospital	X			
2155	Cooley-Dickinson Hospital	X			
2335	Dana Farber	X			
2018	Emerson Hospital	X			
2052	Fairview Hospital	X			
2289	Falmouth Hospital	X			
2048	Faulkner Hospital	X			
2120	Franklin Medical Center	X			
2038	Hallmark Health – Lawrence Memorial	X			

General Documentation  
FY2002 Outpatient Hospital Observation Database

**IV. Data Verification Process**

Summary of Hospitals' FY 2002  
Profile Report Responses

DPH ID	HOSPITAL NAME	'A'	'B'	NONE	COMMENTS
2058	Hallmark Health – Melrose Hospital	X			
2143	Harrington Memorial Hospital		X		See explanation.
2034	Health Alliance Hospital	X			
2036	Heywood Hospital	X			
2145	Holyoke Hospital	X			
2157	Hubbard Regional Hospital	X			
2082	Jordan Hospital	X			
2033	Lahey Clinic Burlington	X			
2099	Lawrence General Hospital	X			
2040	Lowell General Hospital	X			
2103	Marlborough Hospital	X			
2042	Martha's Vineyard Hospital	X			
2148	Mary Lane Hospital	X			

General Documentation  
FY2002 Outpatient Hospital Observation Database

**IV. Data Verification Process**

Summary of Hospitals' FY 2002  
Profile Report Responses

DPH ID	HOSPITAL NAME	'A'	'B'	NONE	COMMENTS
2167	Mass. Eye & Ear Infirmary	X			
2168	Mass. General Hospital	X			
2149	Mercy Hospital	X			
2131	Merrimack Valley Hospital	X			
2020	MetroWest Medical Center – Framingham		X		See explanation.
2039	MetroWest Medical Center – Natick		X		See explanation.
2105	Milford-Whitinsville Hospital	X			
2227	Milton Hospital	X			
2022	Morton Hospital	X			
2071	Mount Auburn Hospital	X			
2044	Nantucket Cottage Hospital	X			
2298	Nashoba Valley Medical Center		X		Explanation received. Data not resubmitted.
2059	New England Baptist Hospital		X		No explanation received.

General Documentation  
FY2002 Outpatient Hospital Observation Database

### IV. Data Verification Process

#### Summary of Hospitals' FY 2002 Profile Report Responses

DPH ID	HOSPITAL NAME	'A'	'B'	NONE	COMMENTS
2299	(Tufts) New England Medical Center	X			
2075	Newton-Wellesley Hospital	X			
2076	Noble Hospital		X		Explanation received.
2061	North Adams Regional Hospital	X			
2016	Northeast Health Systems – Addison Gilbert Hospital	X			
2007	Northeast Health Systems – Beverly	X			
2151	Quincy Hospital	X			
2063	Saints Memorial Medical Center	X			
2014	Salem Hospital	X			
2107	South Shore Hospital		X		Explanation received.
2337	Southcoast Health Systems – Charlton Memorial Hospital	X			
2010	Southcoast Health Systems – St. Luke's	X			
2106	Southcoast Health Systems – Tobey		X		Explanation received.

General Documentation  
FY2002 Outpatient Hospital Observation Database

### IV. Data Verification Process

#### Summary of Hospitals' FY 2002 Profile Report Responses

DPH ID	HOSPITAL NAME	'A'	'B'	NONE	COMMENTS
2128	Saint Vincent Hospital		X		Explanation received.
2100	Sturdy Memorial Hospital	X			
2841	UMass. Memorial Medical Center	X			
2073	Union Hospital	X			
2067	Waltham Hospital	X			
2094	Winchester Hospital	X			
2181	Wing Memorial Hospital & Medical Center	X			



#### **IV. Data Verification Process**

##### **Summary of Hospitals' FY 2002 Profile Report Responses**

The following data discrepancies were reported by hospitals on their FY2002 Profile Report Verification Response forms:

<b>Other Primary Caregivers</b>
<b>Diagnoses</b>
<b>Hours of Service</b>
<b>Departure Status</b>
<b>Procedures</b>
<b>Charge Summary</b>
<b>Observation Type Distribution</b>
<b>Originating Referring/Transferring Source</b>
<b>Secondary Referring/Transferring Source</b>

General Documentation  
FY2002 Outpatient Hospital Observation Database

### IV. Data Verification Process

#### FY02 Reported Profile Report Discrepancies by Category

Hospital	Patients by Month	Hours of Service	Charge Summary	Observation Type Distribution	Originating Referring / Transferring Source	Secondary Refer./Transfer Source
Harrington Mem. Hosp.					X	
MetroWest Framingham					X	
MetroWest Natick					X	
Nashoba Valley		X				
New England Baptist		X				
Noble Hospital			X			
Saint Vincent		X	X	X	X	X
Southcoast – Tobey						
South Shore					X	

Hospital	Other Primary Caregivers	Departure Status	Age	Sex	Race	Zip Codes
Saint Vincent	X	X				

Hospital	Diagnoses	Procedures	Primary Payers	Secondary Payers	
Saint Vincent	X	X			

#### **IV. Data Verification Process**

##### **INDEX OF HOSPITALS REPORTING DISCREPANCIES FOR FY2002**

<b><u>Hospital</u></b>	<b><u>Page</u></b>
Harrington Memorial	25
MetroWest – Framingham	26
MetroWest – Natick	27
Nashoba Valley Medical Center	28
New England Baptist	29
Noble Hospital	30
South Shore Hospital	31
Southcoast – Tobey	32
Saint Vincent	33

#### **IV. Data Verification Process**

##### **INDIVIDUAL HOSPITAL DISCREPANCY DOCUMENTATION**

##### **HARRINGTON MEMORIAL HOSPITAL**

Harrington Memorial Hospital reported one discrepancy in the area of Originating Refer. / Transferring Source. The Division's report showed a total of 1,294 patients admitted from a source "Outside Hospital ER Transfer". Harrington's records however, indicated that those patient were admitted from a source "Within Hospital ER Transfer".

#### **IV. Data Verification Process**

##### **INDIVIDUAL HOSPITAL DISCREPANCY DOCUMENTATION**

##### **METROWEST MEDICAL CENTER - FRAMINGHAM**

MetroWest Medical Center – Framingham reported discrepancies in the area Originating Referring / Transferring Source.

The values for Q1, Q2, & Q3 were understated for “Inside Hospital ER Transfer”. The following should be added to the totals.

Q1 – 372

Q2 – 408

Q3 – 421

Q4 totals were accurate.

#### **IV. Data Verification Process**

##### **INDIVIDUAL HOSPITAL DISCREPANCY DOCUMENTATION**

##### **METROWEST MEDICAL CENTER – NATICK**

MetroWest Medical Center – Natick reported discrepancies in the area Originating Referring / Transferring Source. The values for Q1, Q2, and Q3 were understated for “Inside Hospital ER Transfer”. The following should be added to the totals.

Q1 – 150

Q2 – 168

Q3 – 136

Q4 totals were accurate.

#### **IV. Data Verification Process**

##### **INDIVIDUAL HOSPITAL DISCREPANCY DOCUMENTATION**

##### **NASHOBA VALLEY MEDICAL CENTER**

Nashoba Valley Medical Center reported one discrepancy in the area Hours of Service. “Average Hours per Stay” and “Total Patient Hours” listed on the report for Q3 & Q4 are incorrect as a result of a system upgrade. The problem is in the process of being corrected.

Note: Although the letter of explanation indicated that corrected data would be resubmitted, data was not resubmitted.

#### **IV. Data Verification Process**

##### **INDIVIDUAL HOSPITAL DISCREPANCY DOCUMENTATION**

##### **NEW ENGLAND BAPTIST HOSPITAL**

New England Baptist Hospital reported one discrepancy in the area Hours of Service. No explanation was received.



#### **IV. Data Verification Process**

##### **INDIVIDUAL HOSPITAL DISCREPANCY DOCUMENTATION**

##### **NOBLE HOSPITAL**

Noble Hospital reported one discrepancy in the Charge Summary that resulted from the fact that additional charges were incurred after the initial tapes were run. Please see table below for corrected totals.

Charge Summary – Total Charges FY2002

<b>Quarter</b>	<b>DHCFP</b>	<b>Noble</b>	<b>Variance</b>
1	139,955	142,440	(2,485)
2	96,497	107,471	(10,974)
3	138,618	138,620	(2)
4	100,729	100,731	(2)
Total	475,799	489,262	(13,463)

#### **IV. Data Verification Process**

##### **INDIVIDUAL HOSPITAL DISCREPANCY DOCUMENTATION**

##### **SOUTH SHORE HOSPITAL**

South Shore Hospital reported one discrepancy in the area of Originating / Refer. / Transfer. Source. Q3 & Q4 show 2,260 referrals as “Outside Hospital ER Transfer”. These should have been coded as “Inside Hospital ER Transfer”.

#### **IV. Data Verification Process**

##### **INDIVIDUAL HOSPITAL DISCREPANCY DOCUMENTATION**

##### **SOUTHCOAST – TOBEY HOSPITAL**

Southcoast – Tobey Hospital reported that the data submitted for Q1 was materially understated. The reported case count for Q1 of 18 was incorrect. The correct case count was 122. All other data was substantially accurate.

#### **IV. Data Verification Process**

##### **INDIVIDUAL HOSPITAL DISCREPANCY DOCUMENTATION**

##### **SAINT VINCENT HOSPITAL**

Saint Vincent Hospital reported several discrepancies in the areas of Hours of Service, Charge Summary, Observation Type Distribution, Originating Referring/Transferring Source, Other Primary Caregivers, Departure Status, Diagnoses, and Procedures. The hospital's letter of explanation indicated that although at the time of the tape filing the data appeared to be accurate, testing suggested that updates continued to be made to the accounts after the filing. The changes resulted in some variances.

The hospital was in the process researching which records were "Physician Referred" and which were "Self-Referred". It appeared that many obstetric patients were "Physician Referred" but did not get coded that way. Departure Status totals also looked questionable.

## V. Cautionary Use Data

The Outpatient Observation data files contain the most recent active data from each hospital. Active data includes submissions from hospitals that have “**passed**” the Division’s edits, and also includes submissions that have “**failed**”. Failing the edit process would mean that 1% or more of the observation stays did not pass the edit process. We consider data that did not pass the edit process to be “**cautionary use**” data.

We have included on each file a field called SubmissionPassed. This field serves as a flag and indicates whether the quarterly submission passed or failed the edit process.

- If a submission passed the edit process, the SubmissionPassed field for all observation stays within that submission are assigned a value of -1.
- If a submission failed the edit process, the SubmissionPassed field for all observation stays within that submission are assigned a value of 0.

Please see following page for specific information on hospitals with Cautionary Use data and missing data.

## **V. Cautionary Use Data**

### Hospitals with Cautionary and Missing Data for FY2002

The Division is pleased to report that all hospitals had four quarters of passed data for the Observation Outpatient database for FY2002.

## **VI. Hospitals Submitting Observation Data FY2002**

### **A. List of Hospitals Submitting Data for FY2002**

Anna Jaques Hospital  
Athol Memorial Hospital  
Baystate Medical Center  
Berkshire Health Systems – Berkshire Medical Center  
Beth Israel Deaconess  
Beth Israel Deaconess – Needham  
Boston Medical Center – Harrison Avenue Campus  
Brigham & Women's Hospital  
Brockton Hospital  
Cambridge Health Alliance  
Cape Cod Hospital  
Caritas Carney Hospital  
Caritas Good Samaritan Medical Center  
Caritas Holy Family  
Caritas Norwood Hospital  
Caritas St. Anne's  
Caritas St. Elizabeth's  
Children's Hospital  
Clinton Hospital  
Cooley-Dickinson Hospital  
Dana Farber Cancer Center  
Emerson Hospital  
Fairview Hospital  
Falmouth Hospital  
Faulkner Hospital  
Franklin Medical Center  
Hallmark Health Systems – Lawrence Memorial  
Hallmark Health Systems – Melrose Hospital  
Harrington Memorial Hospital  
Health Alliance Hospital  
Heywood Hospital  
Holyoke Hospital  
Hubbard Regional Hospital  
Jordan Hospital  
Lahey Clinic – Burlington  
Lawrence General Hospital  
Lowell General Hospital  
Marlborough Hospital  
Martha's Vineyard Hospital  
Mary Lane Hospital

## **VI. Hospitals Submitting Observation Data FY2002**

### **A. List of Hospitals Submitting Data for FY2002 - *Continued***

Massachusetts Eye & Ear Infirmary  
Massachusetts General Hospital  
Mercy Hospital – Springfield  
Merrimack Valley Hospital  
MetroWest Medical Center – Framingham  
MetroWest Medical Center – Leonard Morse  
Milford-Whitinsville Regional Hospital  
Milton Hospital  
Morton Hospital  
Mount Auburn Hospital  
Nantucket Cottage Hospital  
Nashoba Valley Medical Center  
New England Baptist Hospital  
Newton-Wellesley Hospital  
Noble Hospital  
North Adams Regional Hospital  
Northeast Health Systems – Addison Gilbert  
Northeast Health Systems – Beverly Hospital  
Quincy Medical Center  
Saints Memorial Medical Center  
Salem Hospital  
South Shore Hospital  
Southcoast Health Systems – Charlton  
Southcoast Health Systems – St. Luke's  
Southcoast Health Systems – Tobey  
Saint Vincent Hospital  
Sturdy Memorial Hospital  
Tufts New England Medical Center  
UMass. Memorial Medical Center  
Union Hospital  
Waltham Hospital  
Winchester Hospital  
Wing Memorial Hospital



General Documentation  
FY2002 Outpatient Hospital Observation Database

**VI. Hospitals Submitting Observation Data FY2002**

B. Hospitals with no Outpatient Observation Data Submissions FY2002

<b>Hospital Name</b>	<b>Comments</b>
Mercy Hospital - Providence	No observation patients for FY2002

General Documentation  
FY2002 Outpatient Hospital Observation Database

**VI. Hospitals Submitting Observation Data FY2002**

C. Hospitals that Do Not See Outpatient Observation Patients

<b>Hospital Name</b>	<b>Comments</b>
Berkshire Health – Hillcrest Campus	Does not see observation patients.
Cambridge Health Alliance – Malden	Does not see observation patients.
Caritas Norcap Lodge	Does not see observation patients.
Kindred – Boston	Does not see observation patients.
Kindred – North Shore	Does not see observation patients.

## VII. Calculated Fields

### Age Calculation

#### **Brief Description:**

AgeOfPatient is calculated using the DateDiff Function in Access, which subtracts the date of birth (DOB) from the End\_Date. Age is calculated to the nearest year (the remainder is dropped) if patient is at least 1 year old. The AgeUnits field is assigned a value of 'YEARS'. Age is calculated to the nearest week (the remainder is dropped) if a patient is less than 1 year old. The AgeUnits field is assigned a value of 'WEEKS'.

If the observation did not pass the edits for any reason the age is not calculated and the AgeOfPatient field is set to zero and the AgeUnits field is left blank.

#### **Detailed Description:**

1. If the observation passed the edits then the DateDiff function is used to determine the age in weeks of the patient by subtracting the Date of Birth from the End of Service Date.
2. If the age in weeks is greater than 51 then the DateDiff function is used to determine the age in years of the patient by subtracting the Date of Birth from the End of Service Date and the AgeUnits is set to "Years".
3. If the age in weeks is less than or equal to 51 then the DateDiff function is used to determine the age in weeks of the patient by subtracting the Date of Birth from the End of Service Date and the AgeUnits is set to "Weeks".
4. If the observation did not pass the edits then the AgeOfPatient is set to zero and the AgeUnits field is left blank.

## **VII. Calculated Fields**

### **Observation Sequence Number Calculation**

#### **Brief Description:**

The file is sorted by PT\_ID (Unique Patient ID also known as the UHIN) and End Date. The Observation Sequence Number (ObsSeqNo) is then calculated by incrementing a counter for each of the PT\_ID's observation stays.

If the observation did not pass the edits for any reason the Observation Sequence Number is not calculated and the ObsSeqNo field is set to zero.

#### **Detailed Description:**

1. The file is sorted by PT\_ID (Unique Patient ID also known as the UHIN) and End\_Date.
2. The sequence number is calculated by incrementing a counter from 1 to nnn, where a sequence number of 1 indicates the first observation stay for a PT\_ID and nnn indicates the last observation stay for the PT\_ID.
3. If the observation did not pass the edits then the ObsSeqNo is set to zero.

## VII. Calculated Fields

### Number of Days Between Observation Stays Calculation

#### **Brief Description:**

The file is sorted by PT\_ID (Unique Patient ID also known as the UHIN) and End Date. For PT\_IDs with 2 or more observation stays the Number of Days Between Observation Stays (NoofDaysBtwObs) is calculated using the DateDiff Function in Access which subtracts the previous observation end date from the current End\_Date.

If the observation did not pass the edits for any reason the Number of Days Between Observation Stays is not calculated and the NoofDaysBtwObs field is set to zero.

#### **Detailed Description:**

1. The file is sorted by PT\_ID (Unique Patient ID also known as the UHIN) and End\_Date.
2. If this is the first occurrence of a PT\_ID the Number of Days Between Observation Stays is set to zero.
3. If a second occurrence of a PT\_ID is found then the Number of Days Between Observation Stays (NoofDaysBtwObs) is calculated by using the DateDiff Function in Access, which subtracts the previous observation end date from the current End\_Date.
4. Step 3 is repeated for all subsequent observation stays until the PT\_ID changes.
5. If the observation did not pass the edits then the NoofDaysBtwObs is set to zero.

## **VIII. Appendices**

Appendix A.	.DBF File Structure
Appendix B.	.MDB File Structure
Appendix C.	.TXT File Structure
Appendix D.	Outpatient Observation Data Levels I – VI
Appendix E.	Hospital Addresses
Appendix F.	Hospital DPH ID, ORG ID & Facility Site ID
Appendix G.	Alphabetical Source of Payment List
Appendix H.	Numerical Source of Payment List
Appendix I.	Mergers, Name Changes, Closures, Conversions, Non-Acute Care Hospitals

General Documentation  
FY2002 Outpatient Hospital Observation Database

## Appendix A

### Outpatient Observation .DBF File Structure

Field Name	Type	Width
HOS_ID	Character	4
MULTI_SITE	Character	1
<b>PT_ID</b>	<b>Character</b>	<b>9</b>
<b>MR_N</b>	<b>Character</b>	<b>10</b>
<b>ACCT_N</b>	<b>Character</b>	<b>17</b>
<b>MOSS</b>	<b>Character</b>	<b>9</b>
<b>DOB</b>	<b>Character</b>	<b>10</b>
SEX	Character	1
RACE	Character	1
ZIP_CODE	Character	5
<b>BEG_DATE</b>	<b>Date</b>	<b>8</b>
<b>END_DATE</b>	<b>Date</b>	<b>8</b>
OBS_TIME	Character	4
SER_UNIT	Character	6
OBS_TYPE	Character	1
OBS_1SRCE	Character	1
OBS_2SRCE	Character	1
DEP_STAT	Character	1
PAYR_PRI	Character	4
PAYR_SEC	Character	4
CHARGES	Numeric	11
<b>SURGEON</b>	<b>Character</b>	<b>7</b>
<b>ATT_MD</b>	<b>Character</b>	<b>7</b>
OTH_CARE	Character	1
PDX	Character	5
ASSOC_DX1	Character	5
ASSOC_DX2	Character	5
ASSOC_DX3	Character	5
ASSOC_DX4	Character	5
ASSOC_DX5	Character	5
P_PRO	Character	4
<b>P_PRODATE</b>	<b>Date</b>	<b>8</b>
ASSOC_PRO1	Character	4
<b>ASSOCDATE1</b>	<b>Date</b>	<b>8</b>
ASSOC_PRO2	Character	4
<b>ASSOCDATE2</b>	<b>Date</b>	<b>8</b>
ASSOC_PRO3	Character	4

General Documentation  
FY2002 Outpatient Hospital Observation Database

## Appendix A

### Outpatient Observation .DBF File Structure

<b>Field Name</b>	<b>Type</b>	<b>Width</b>
<b>ASSOCDATE3</b>	<b>Date</b>	<b>8</b>
CPT1	Character	5
CPT2	Character	5
CPT3	Character	5
CPT4	Character	5
CPT5	Character	5
ED_FLAG	Character	1
MONTHOFBEG	Numeric	6
YEAROFBEG	Numeric	6
MONTHOFEND	Numeric	6
YEAROFEND	Numeric	6
AGEOFPATIE	Numeric	11
AGEUNITS	Character	254
OBSSEQNO	Numeric	11
NOOFDAYSBT	Numeric	11
<u>SUBMISSION</u>	<u>Logical</u>	<u>1</u>
<b>**Total**</b>		<b>538</b>

Please note: The data fields listed in bold are considered **Deniable Data Elements**. Depending on the level of data purchased, these fields may not be present on the file.



General Documentation  
FY2002 Outpatient Hospital Observation Database

## Appendix B

### Outpatient Observation .MDB File Structure

<b>Field Name</b>	<b>Type</b>	<b>Width</b>
Hos_ID	Text	4
Multi_SiteN	Text	1
<b>Pt_ID</b>	<b>Text</b>	<b>9</b>
<b>MR_N</b>	<b>Text</b>	<b>10</b>
<b>Acct_N</b>	<b>Text</b>	<b>17</b>
<b>MOSS</b>	<b>Character</b>	<b>9</b>
<b>DOB</b>	<b>Text</b>	<b>10</b>
Sex	Text	1
Race	Text	1
Zip_Code	Text	5
<b>Beg_Date</b>	<b>Date/Time</b>	<b>8</b>
<b>End_Date</b>	<b>Date/Time</b>	<b>8</b>
Obs_Time	Text	4
Ser_Unit	Text	6
Obs_Type	Text	1
Obs_1Srce	Text	1
Obs_2Srce	Text	1
Dep_Stat	Text	1
Payr_Pri	Text	4
Payr_Sec	Text	4
Charges	Number (long)	4
<b>Surgeon</b>	<b>Text</b>	<b>7</b>
<b>Att_MD</b>	<b>Text</b>	<b>7</b>
Oth_Care	Text	1
PDX	Text	5
Assoc_DX1	Text	5
Assoc_DX2	Text	5
Assoc_DX3	Text	5
Assoc_DX4	Text	5
Assoc_DX5	Text	5
P_PRO	Text	4
<b>P_PRODATE</b>	<b>Date/Time</b>	<b>8</b>
Assoc_Pro1	Text	4
<b>AssocDate1</b>	<b>Date/Time</b>	<b>8</b>
Assoc_Pro2	Text	4
<b>AssocDate2</b>	<b>Date/Time</b>	<b>8</b>
Assoc_Pro3	Text	4

General Documentation  
FY2002 Outpatient Hospital Observation Database

## Appendix B

### Outpatient Observation .MDB File Structure

<b>Field Name</b>	<b>Type</b>	<b>Width</b>
<b>AssocDate3</b>	<b>Date/Time</b>	<b>8</b>
CPT1	Text	5
CPT2	Text	5
CPT3	Text	5
CPT4	Text	5
CPT5	Text	5
ED_Flag	Text	1
MonthofBeg_Date	Number (Integer)	2
YearofBeg_Date	Number (Integer)	2
MonthofEnd_Date	Number (Integer)	2
YearofEnd_Date	Number (Integer)	2
AgeOfPatient	Number (Integer)	4
AgeUnits	Text	255
ObsSeqNo	Number (Long)	4
NoofDaysBtwObsSBT	Number (Long)	4
SubmissionPassed	Yes/No	1

Please note: The data fields listed in bold are considered **Deniable Data Elements**. Depending on the level of data purchased, these fields may not be present on the file.

General Documentation  
FY2002 Outpatient Hospital Observation Database

## Appendix C

### Outpatient Observation .TXT File Structure

<b>Field Name</b>
Hos_ID
Multi_SiteN
<b>Pt_ID</b>
<b>MR_N</b>
<b>Acct_N</b>
<b>MOSS</b>
<b>DOB</b>
Sex
Race
Zip_Code
<b>Beg_Date</b>
<b>End_Date</b>
Obs_Time
Ser_Unit
Obs_Type
Obs_1Srce
Obs_2Srce
Dep_Stat
Payr_Pri
Payr_Sec
Charges
<b>Surgeon</b>
<b>Att_MD</b>
Oth_Care
PDX
Assoc_DX1
Assoc_DX2
Assoc_DX3
Assoc_DX4
Assoc_DX5
P_PRO
<b>P_PRODATE</b>
Assoc_Pro1
<b>AssocDate1</b>
Assoc_Pro2
<b>AssocDate2</b>
Assoc_Pro3

General Documentation  
FY2002 Outpatient Hospital Observation Database

## Appendix C

### Outpatient Observation .TXT File Structure

Field Name
<b>AssocDate3</b>
CPT1
CPT2
CPT3
CPT4
CPT5
ED_Flag
MonthofBeg_Date
YearofBeg_Date
MonthofEnd_Date
YearofEnd_Date
AgeOfPatient
AgeUnits
ObsSeqNo
NoofDaysBtwObsSBT
SubmissionPassed

Please note: The data fields listed in bold are considered **Deniable Data Elements**. Depending on the level of data purchased, these fields may not be present on the file.

General Documentation  
FY2002 Outpatient Hospital Observation Database

**Appendix D**  
**Outpatient Observation Data Levels I – VI**

Field Name	Field Description	Deniable Data Elements	Level I	Level II	Level III	Level IV	Level V	Level IV
Hos_ID	Hospital DPH Number		X	X	X	X	X	X
Multi_SiteN	Hosp's Designated Multiple Site #		X	X	X	X	X	X
<b>Pt_ID</b>	<b>Unique Health Identification Number (UHIN)</b>	<b>D</b>			<b>D</b>	<b>D</b>	<b>D</b>	<b>D</b>
<b>MR_N</b>	<b>Patient's Medical Record Number</b>	<b>D</b>						<b>D</b>
<b>Acct_N</b>	<b>Hospital Billing Number</b>	<b>D</b>						<b>D</b>
<b>MOSS</b>	<b>Mother's UHIN</b>	<b>D</b>			<b>D</b>	<b>D</b>	<b>D</b>	<b>D</b>
<b>DOB</b>	<b>Date of Birth</b>	<b>D</b>						<b>D</b>
Sex	Sex		X	X	X	X	X	X
Race	Race		X	X	X	X	X	X
Zip_Code	Zip Code		X	X	X	X	X	X
<b>Beg_Date</b>	<b>Patient's Beginning Service Date</b>	<b>D</b>					<b>D</b>	<b>D</b>
<b>End_Date</b>	<b>Patient's Ending Service Date</b>	<b>D</b>					<b>D</b>	<b>D</b>
Obs_Time	Initial Encounter Time of Day		X	X	X	X	X	X

General Documentation  
FY2002 Outpatient Hospital Observation Database

**Appendix D**  
**Outpatient Observation Data Levels I – VI**

Field Name	Field Description	Deniable Data Elements	Level I	Level II	Level III	Level IV	Level V	Level IV
Ser_Unit	Unit of Service in Hours (= Length of Stay)		X	X	X	X	X	X
Obs_Type	Type of Visit Status		X	X	X	X	X	X
Obs_1Srce	Originating Referring or Transferring Source		X	X	X	X	X	X
Obs_2Srce	Secondary Referring or Transferring Source		X	X	X	X	X	X
Dep_Stat	Departure Status		X	X	X	X	X	X
Payr_Pri	Primary Source of Payment		X	X	X	X	X	X
Payr_Sec	Secondary Source of Payment		X	X	X	X	X	X
Charges	Charges		X	X	X	X	X	X
<b>Surgeon</b>	<b>Surgeon for this Visit (will be UPN)</b>	<b>D</b>		<b>D</b>		<b>D</b>	<b>D</b>	<b>D</b>
<b>Att_MD</b>	<b>Attending Physician (will be UPN)</b>	<b>D</b>		<b>D</b>		<b>D</b>	<b>D</b>	<b>D</b>
Oth_Care	Other Caregiver		X	X	X	X	X	X
PDX	Principle Diagnosis		X	X	X	X	X	X
Assoc_DX1	Patient's First Associated Diagnosis		X	X	X	X	X	X
Assoc_DX2	Patient's Second Associated Diagnosis		X	X	X	X	X	X
Assoc_DX3	Patient's Third Associated Diagnosis		X	X	X	X	X	X

General Documentation  
FY2002 Outpatient Hospital Observation Database

**Appendix D**  
**Outpatient Observation Data Levels I – VI**

Field Name	Field Description	Deniable Data Elements	Level I	Level II	Level III	Level IV	Level V	Level IV
Assoc_DX4	Patient's Fourth Associated Diagnosis		X	X	X	X	X	X
Assoc_DX5	Patient's Fifth Associated Diagnosis		X	X	X	X	X	X
P_PRO	Principle Procedure		X	X	X	X	X	X
<b>P_PRODATE</b>	<b>Date of Principle Procedure</b>	<b>D</b>					D	D
Assoc_Pro1	First Associated Procedure		X	X	X	X	X	X
<b>AssocDate1</b>	<b>Date of First Associated Procedure</b>	<b>D</b>					D	D
Assoc_Pro2	Second Associated Procedure		X	X	X	X	X	X
<b>AssocDate2</b>	<b>Date of Second Associated Procedure</b>	<b>D</b>					D	D
Assoc_Pro3	Third Associated Procedure		X	X	X	X	X	X
<b>AssocDate3</b>	<b>Date of Third Associated Procedure</b>	<b>D</b>					D	D
CPT1	First CPT Code		X	X	X	X	X	X
CPT2	Second CPT Code		X	X	X	X	X	X
CPT3	Third CPT Code		X	X	X	X	X	X
CPT4	Fourth CPT Code		X	X	X	X	X	X
CPT5	Fifth CPT Code		X	X	X	X	X	X

General Documentation  
FY2002 Outpatient Hospital Observation Database

**Appendix D**  
**Outpatient Observation Data Levels I – VI**

Field Name	Field Description	Deniable Data Elements	Level I	Level II	Level III	Level IV	Level V	Level IV
ED_Flag	Flag to indicate whether patient was admitted to stay from facility's ED							
MonthofBeg_Date	Month of Begin Date		X	X	X	X	X	X
YearofBeg_Date	Year of Begin Date		X	X	X	X	X	X
MonthofEnd_Date	Month of End Date		X	X	X	X	X	X
YearofEnd_Date	Year of End Date		X	X	X	X	X	X
AgeOfPatient	Patient Age		X	X	X	X	X	X
AgeUnits	Term Patient Age is Based On		X	X	X	X	X	X
ObsSeqNo	Observation Sequence number ordering each consecutive UHIN observation record				X	X	X	X
NoofDaysBtwObs	Number of days between each subsequent observation stay for that UHIN number				X	X	X	X
SubmissionPassed	Submission Passed Edits Flag		X	X	X	X	X	X



General Documentation  
FY2002 Outpatient Hospital Observation Database

**Appendix E**

**Hospital Addresses**

Anna Jaques Hospital 25 Highland Avenue Newburyport, MA 01950	Athol Memorial Hospital 2033 Main Street Athol, MA 01331
Baystate Medical Center 3601 Main Street Springfield, MA 01107-1116	Berkshire Health Systems Berkshire Medical Center Campus 725 North Street Pittsfield, MA 01201
Berkshire Health Systems – Hillcrest Hospital Campus 165 Tor Court Road Pittsfield, MA 01201	Beth Israel Deaconess Medical Center 330 Brookline Avenue Boston, MA 02215
Beth Israel Deaconess Medical Center – Needham 148 Chestnut Street Needham, MA 02192	Boston Medical Center – Harrison Ave. Campus 88 East Newton Street Boston, MA 02118
Brigham & Women’s Hospital 75 Francis Street Boston, MA 02115	Brockton Hospital 680 Centre Street Brockton, MA 02402
Cambridge Health Alliance Cambridge & Somerville 65 Beacon Street Somerville, MA 02143	Cape Cod Hospital 27 Park Street Hyannis, MA 02601
Caritas Carney Hospital 2100 Dorchester Avenue Dorchester, MA 02124	Caritas Good Samaritan Medical Center 235 North Pearl Street Brockton, MA 02301
Caritas Holy Family Hospital 70 East Street Methuen, MA 01844	Caritas Norwood Hospital 800 Washington Street Norwood, MA 02062
Caritas St. Anne’s Hospital 795 Middle Street Fall River, MA 02721	Caritas St. Elizabeth’s Medical Center 736 Cambridge Street Brighton, MA 02135

General Documentation  
FY2002 Outpatient Hospital Observation Database

**Appendix E**

**Hospital Addresses**

Children's Hospital 300 Longwood Avenue Boston, MA 02115	Clinton Hospital 201 Highland Street Clinton, MA 01510
Cooley Dickinson Hospital 30 Locust Street Northampton, MA 01060-5001	Dana Farber Cancer Center 44 Binney Street Boston, MA 02115
Emerson Hospital Route 2 Concord, NH 01742	Fairview Hospital 29 Lewis Avenue Great Barrington, MA 01230
Falmouth Hospital 100 Ter Heun Drive Falmouth, MA 02540	Faulkner Hospital 1153 Centre Street Jamaica Plain, MA 02130
Franklin Medical Center 164 High Street Greenfield, MA 01301	Hallmark Health Care – Lawrence Memorial Campus 170 Governors Avenue Medford, MA 02155
Hallmark Health Care – Melrose- Wakefield Hospital Campus 585 Lebanon Street Melrose, MA 02176	Harrington Memorial Hospital 100 South Street Southbridge, MA 01550
Health Alliance Hospitals, Inc. 60 Hospital Road Leominster, MA 01453-8004	Heywood Hospital 242 Green Street Gardner, MA 01440
Holyoke Hospital 575 Beech Street Holyoke, MA 01040	Hubbard Regional Hospital 340 Thompson Road Webster, MA 01570
Jordan Hospital 275 Sandwich Street Plymouth, MA 02360	Lahey Clinic – Burlington Campus 41 Mall Road Burlington, MA 01805

General Documentation  
FY2002 Outpatient Hospital Observation Database

**Appendix E**

**Hospital Addresses**

Lawrence General Hospital One General Street Lawrence, MA 01842-0389	Lowell General Hospital 295 Varnum Avenue Lowell, MA 01854
Marlborough Hospital 57 Union Street Marlborough, MA 01752-9981	Martha's Vineyard Hospital Linton Lane Oak Bluffs, MA 02557
Mary Lane Hospital 85 South Street Ware, MA 01082	Massachusetts General Hospital 55 Fruit Street Boston, MA 02114
Massachusetts Eye & Ear Infirmary 243 Charles Street Boston, MA 02114-3096	Mercy Hospital 271 Carew Street Springfield, MA 01102
Merrimack Valley Hospital 140 Lincoln Avenue Haverhill, MA 01830-6798	MetroWest Medical Center Framingham Hospital Campus 115 Lincoln Street Framingham, MA 01701
MetroWest Medical Center Leonard Morse Campus 67 Union Street Natick, MA 01760	Milford-Whitinsville Regional Hospital 14 Prospect Street Milford, MA 01757
Milton Hospital 92 Highland Street Milton, MA 02186	Morton Hospital & Medical Center 88 Washington Street Taunton, MA 02780
Mount Auburn Hospital 330 Mt. Auburn Street Cambridge, MA 02238	Nantucket Cottage Hospital 57 Prospect Street Nantucket, MA 02554
Nashoba Valley Medical Center 200 Groton Road Ayer, MA 01432	New England Baptist Hospital 125 Parker Hill Avenue Boston, MA 02120

General Documentation  
FY2002 Outpatient Hospital Observation Database

**Appendix E**

**Hospital Addresses**

Newton-Wellesley Hospital 2014 Washington Street Newton, MA 02162	Noble Hospital 115 West Silver Street Westfield, MA 01086
North Adams Regional Hospital Hospital Avenue North Adams, MA 01247	North Shore Medical Center – Salem 81 Highland Avenue Salem, MA 01970
North Shore Medical Center – Union 500 Lynnfield Street Lynn, MA 01904-1424	Northeast Health Systems – Addison Gilbert Campus 298 Washington Street Gloucester, MA 01930
Northeast Health Systems – Beverly Campus 85 Herrick Street Beverly, MA 01915	Providence Hospital 1233 Main Street Holyoke, MA 01040
Quincy Medical Center 114 Whitwell Street Quincy, MA 02169	Saints Memorial Medical Center One Hospital Drive Lowell, MA 01852
Southcoast Health Systems – Charlton Memorial Hospital 363 Highland Avenue Fall River, MA 02720	Southcoast Health Systems – St. Luke's Hospital 101 Page Street New Bedford, MA 02740
Southcoast Health Systems – Tobey Hospital 43 High Street Wareham, MA 02571	Saint Vincent Hospital 25 Winthrop Street Worcester, MA 01604
South Shore Hospital 55 Fogg Road South Weymouth, MA 02190	Sturdy Memorial Hospital 211 Park Street Attleboro, MA 02703
Tufts New England Medical Center 750 Washington Street Boston, MA 02111	University of Massachusetts Memorial Health Care – Memorial Medical Center 120 Front Street Worcester, MA 01608

General Documentation  
FY2002 Outpatient Hospital Observation Database

**Appendix E**

**Hospital Addresses**

Waltham Hospital Hope Avenue Waltham, MA 02254	Winchester Hospital 41 Highland Avenue Winchester, MA 01890
Wing Memorial Hospital 40 Wright Street Palmer, MA 01069-1187	

General Documentation  
FY2002 Outpatient Hospital Observation Database

**Appendix F**

**DPH ID, ORG ID & FACILITY SITE ID NUMBERS**

<b>Current Organization Name</b>	<b>Organization ID</b>	<b>DPH ID</b>	<b>Facility Site ID</b>
Anna Jaques Hospital	1	2006	
Athol Hospital	2	2226	
Baystate Medical Center	4	2339	
Berkshire Health Systems – Berkshire Medical Campus	7	2313	7
Berkshire Health Systems – Hillcrest Hospital Campus	9	2231	9
Beth Israel Deaconess	10	2069	
Beth Israel Deaconess – Needham	53	2054	
Boston Medical Center – Harrison Avenue Campus	16	2307	16
Boston Medical Center – East Newton Street Campus	144	2307	144
Brigham & Women's	22	2921	
Brockton Hospital	25	2118	
Cable Emergency Center	3118		
Cambridge Health Alliance – Cambridge Campus	27	2108	27
Cambridge Health Alliance – Somerville Campus	143	2108	143
Cambridge Health Alliance – Whidden Memorial Campus	142	2108	142
Cape Cod Health System – Cape Cod Hospital	39	2135	
Cape Cod health System – Falmouth Hospital	40	2289	
Caritas Carney Hospital	42	2003	
Caritas Good Samaritan Medical Center	62	2101	
Caritas Holy Family Hospital	75	2225	
Caritas Norwood Hospital	41	2114	
Caritas St. Anne's Hospital	114	2011	
Caritas St. Elizabeth's Hospital	126	2085	

General Documentation  
FY2002 Outpatient Hospital Observation Database

**Appendix F**

**DPH ID, ORG ID & FACILITY SITE ID NUMBERS**

<b>Current Organization Name</b>	<b>Organization ID</b>	<b>DPH ID</b>	<b>Facility Site ID</b>
Children's Hospital	46	2139	
Clinton Hospital	132	2126	
Cooley-Dickinson Hospital	50	2155	
Dana Farber Cancer Center	51	2335	
Emerson Hospital	57	2018	
Fairview Hospital	8	2052	
Faulkner Hospital	59	2048	
Franklin Medical Center	5	2120	
Hallmark Health Systems – Lawrence Memorial Campus	66	2038	
Hallmark Health Systems – Melrose Wakefield Campus	141	2058	
Harrington Memorial Hospital	68	2143	
Health Alliance Hospital	71	2034	
Heywood Hospital	73	2036	
Holyoke Hospital	77	2145	
Hubbard Regional Hospital	78	2157	
Jordan Hospital	79	2082	
Lahey Clinic – Burlington Campus	81	2033	81
Lahey Clinic – North Shore Campus	4448	2033	4448
Lawrence General Hospital	83	2099	
Lowell General Hospital	85	2040	
Marlborough Hospital	133	2103	
Martha's Vineyard Hospital	88	2042	
Mary Lane Hospital	6	2148	
Massachusetts Eye & Ear	89	2167	
Massachusetts General Hospital	91	2168	
Mercy Hospital – Springfield		2150	
Merrimack Valley Hospital	70	2131	
MetroWest – Framingham	49	2020	
MetroWest – Leonard Morse	457	2039	
Milford-Whitinsville Hospital	97	2105	
Milton Hospital	98	2227	

General Documentation  
FY2002 Outpatient Hospital Observation Database

**Appendix F**

**DPH ID, ORG ID & FACILITY SITE ID NUMBERS**

<b>Current Organization Name</b>	<b>Organization ID</b>	<b>DPH ID</b>	<b>Facility Site ID</b>
Morton Hospital	99	2022	
Mount Auburn Hospital	100	2071	
Nantucket Cottage	101	2044	
Nashoba Valley Community	52	2298	
New England Baptist Hospital	103	2059	
Newton Wellesley Hospital	105	2075	
Noble Hospital	106	2076	
North Adams Regional Hospital	107	2061	
Northeast – Addison Gilbert	109	2016	
Northeast – Beverly	110	2007	
Quincy Medical Center	112	2151	
Saints Memorial Medical Center	115	2063	
Salem Hospital	116	2014	
Southcoast Health Systems – Charlton Memorial	123	2337	
Southcoast Health Systems – St. Luke's	124	2010	
Southcoast Health Systems – Tobey Hospital	145	2106	
South Shore Hospital	122	2107	
Saint Vincent Hospital	127	2128	
Sturdy Memorial Hospital	129	2100	
Tufts New England Medical Center	104	2299	
UMass. Health – Memorial Hospital Campus	130	2841	130
UMass. Health – UMass. Medical Center Campus	131	2841	131
Union Hospital	3	2073	
Waltham Hospital	54	2067	
Winchester Hospital	138	2094	
Wing Memorial Hospital	139	2181	



General Documentation  
FY2002 Outpatient Hospital Observation Database

**APPENDIX G**  
**ALPHABETICAL SOURCE OF PAYMENT LIST**  
**Effective October 1, 1997**

<b>SOURCE PAY CODE</b>	<b>SOURCE OF PAYMENT DEFINITIONS</b>	<b>MATCHING PAYER TYPE CODE</b>	<b>PAYER TYPE ABBREVIATION</b>
137	AARP/Medigap supplement **	7	COM
71	ADMAR	E	PPO
51	Aetna Life Insurance	7	COM
161	Aetna Managed Choice POS	D	COM-MC
22	Aetna Open Choice PPO	D	COM-MC
272	Auto Insurance	T	AI
138	Banker's Life and Casualty Insurance **	7	COM
139	Banker's Multiple Line **	7	COM
2	Bay State – a product of HMO Blue	C	BCBS-MC
136	BCBS Medex **	6	BCBS
11	Blue Care Elect	C	BCBS-MC
46	Blue CHiP (BCBS Rhode Island)	8	HMO
160	Blue Choice (incl. Healthflex Blue) - POS	C	BCBS-MC
142	Blue Cross Indemnity	6	BCBS
50	Blue Health Plan for Kids	6	BCBS
52	Boston Mutual Insurance	7	COM
154	BCBS Other (not listed elsewhere) ***	6	BCBS
155	Blue Cross Managed Care Other (not listed elsewhere) ***	C	BCBS-MC
151	CHAMPUS	5	GOV
204	Christian Brothers Employee	7	COM
30	CIGNA (Indemnity)	7	COM
250	CIGNA HMO	D	COM-MC
171	CIGNA POS	D	COM-MC
87	CIGNA PPO	D	COM-MC
140	Combined Insurance Company of America**	7	COM
21	Commonwealth PPO	C	BCBS-MC
44	Community Health Plan	8	HMO
13	Community Health Plan Options (New York)	J	POS
42	ConnectiCare of Massachusetts	8	HMO
54	Continental Assurance Insurance	7	COM
69	Corporate Health Insurance Liberty Plan	7	COM
4	Fallon Community Health Plan (includes Fallon Plus, Fallon Affiliates, Fallon UMass.)	8	HMO

**APPENDIX G**  
**ALPHABETICAL SOURCE OF PAYMENT LIST**  
**Effective October 1, 1997**

<b>SOURCE PAY CODE</b>	<b>SOURCE OF PAYMENT DEFINITIONS</b>	<b>MATCHING PAYER TYPE CODE</b>	<b>PAYER TYPE ABBREVIATION</b>
167	Fallon POS	J	POS
67	First Allmerica Financial Life Insurance	7	COM
181	First Allmerica Financial Life Insurance EPO	D	COM-MC
27	First Allmerica Financial Life Insurance PPO	D	COM-MC
152	Foundation	0	OTH
143	Free Care	9	FC
990	Free Care – co-pay, deductible, or co-insurance (when billing for free care services use #143)	9	FC
88	Freedom Care	E	PPO
153	Grant	0	OTH
162	Great West Life POS	D	COM-MC
28	Great West Life PPO	D	COM-MC
89	Great West/NE Care	7	COM
55	Guardian Life Insurance	7	COM
23	Guardian Life Insurance Company PPO	D	COM-MC
56	Hartford L&A Insurance	7	COM
200	Hartford Life Insurance Co **	7	COM
1	Harvard Community Health Plan	8	HMO
20	HCHP of New England (formerly RIGHA)	8	HMO
37	HCHP-Pilgrim HMO (integrated product)	8	HMO
208	HealthNet (Boston Medical Center MCD Program)	B	MCD-MC
14	Health New England Advantage POS	J	POS
38	Health New England Select (self-funded)	8	HMO
24	Health New England, Inc.	8	HMO
45	Health Source New Hampshire	8	HMO
98	Healthy Start	9	FC
251	Healthsource CMHC HMO	8	HMO
164	Healthsource CMHC Plus POS	J	POS
49	Healthsource CMHC Plus PPO	E	PPO
72	Healthsource New Hampshire	7	COM
165	Healthsource New Hampshire POS (Self-funded)	J	POS
90	Healthsource Preferred (self-funded)	E	PPO
271	Hillcrest HMO	8	HMO
81	HMO Blue	C	BCBS-MC
130	Invalid (replaced by #232 and 233)		
12	Invalid (replaced by #49)		

General Documentation  
FY2002 Outpatient Hospital Observation Database

**APPENDIX G**  
**ALPHABETICAL SOURCE OF PAYMENT LIST**  
**Effective October 1, 1997**

<b>SOURCE PAY CODE</b>	<b>SOURCE OF PAYMENT DEFINITIONS</b>	<b>MATCHING PAYER TYPE CODE</b>	<b>PAYER TYPE ABBREVIATION</b>
53	Invalid (no replacement)		
117	Invalid (no replacement)		
123	Invalid (no replacement)		
92	Invalid (replaced by # 84, 166, 184)		
105	Invalid (replaced by #111)		
32	Invalid (replaced by #157 and 158)		
41	Invalid (replaced by #157)		
15	Invalid (replaced by #158)		
29	Invalid (replaced by #171 and 250)		
16	Invalid (replaced by #172)		
124	Invalid (replaced by #222)		
126	Invalid (replaced by #230)		
122	Invalid (replaced by #234)		
6	Invalid (replaced by #251)		
76	Invalid (replaced by #270)		
26	Invalid (replaced by #75)		
5	Invalid (replaced by #9)		
61	Invalid (replaced by #96)		
68	Invalid (replaced by #96)		
60	Invalid (replaced by #97)		
57	John Hancock Life Insurance	7	COM
82	John Hancock Preferred	D	COM-MC
169	Kaiser Added Choice	J	POS
40	Kaiser Foundation	8	HMO
58	Liberty Life Insurance	7	COM
85	Liberty Mutual	7	COM
59	Lincoln National Insurance	7	COM
19	Matthew Thornton	8	HMO
103	Medicaid (includes MassHealth)	4	MCD
107	Medicaid Managed Care – Community Health Plan	B	MCD-MC
108	Medicaid Managed Care – Fallon Community Health Plan	B	MCD-MC
109	Medicaid Managed Care – Harvard Community Health Plan	B	MCD-MC
110	Medicaid Managed Care – Health New England	B	MCD-MC
111	Medicaid Managed Care – HMO Blue	B	MCD-MC

General Documentation  
FY2002 Outpatient Hospital Observation Database

**APPENDIX G**  
**ALPHABETICAL SOURCE OF PAYMENT LIST**  
**Effective October 1, 1997**

<b>SOURCE PAY CODE</b>	<b>SOURCE OF PAYMENT DEFINITIONS</b>	<b>MATCHING PAYER TYPE CODE</b>	<b>PAYER TYPE ABBREVIATION</b>
112	Medicaid Managed Care – Kaiser Foundation Plan	B	MCD-MC
113	Medicaid Managed Care – Neighborhood Health Plan	B	MCD-MC
115	Medicaid Managed Care – Pilgrim Health Care	B	MCD-MC
114	Medicaid Managed Care – United Health Plans of NE (Ocean State Physician's Plan)	B	MCD-MC
119	Medicaid Managed Care Other (not listed elsewhere) ***	B	MCD-MC
106	Medicaid Managed Care-Central Mass. Health Care	B	MCD-MC
104	Medicaid Managed Care-Primary Care Clinician (PCC)	B	MCD-MC
116	Medicaid Managed Care – Tufts Associated Health Plan	B	MCD-MC
118	Medicaid Mental Health & Substance Abuse Plan – Mass Behavioral Health Partnership	B	MCD-MC
121	Medicare	3	MCR
220	Medicare HMO – Blue Care 65	F	MCR-MC
125	Medicare HMO – Fallon Senior Plan	F	MCR-MC
221	Medicare HMO – Harvard Community Health Plan 65	F	MCR-MC
223	Medicare HMO – Harvard Pilgrim Health Care of New England Care Plus	F	MCR-MC
230	Medicare HMO – HCHP First Seniority	F	MCR-MC
127	Medicare HMO – Health New England Medicare Wrap **	F	MCR-MC
222	Medicare HMO – Healthsource CMHC	F	MCR-MC
212	Medicare HMO – Healthsource CMHC Central Care Supplement **	F	MCR-MC
128	Medicare HMO – HMO Blue for Seniors **	F	MCR-MC
129	Medicare HMO – Kaiser Medicare Plus Plan **	F	MCR-MC
234	Medicare HMO – Managed Blue for Seniors	F	MCR-MC
132	Medicare HMO – Matthew Thornton Senior Plan	F	MCR-MC
211	Medicare HMO – Neighborhood Health Plan Senior Health Plus **	F	MCR-MC
134	Medicare HMO – Other (not listed elsewhere) ***	F	MCR-MC
131	Medicare HMO – Pilgrim Enhance 65 **	F	MCR-MC
210	Medicare HMO – Pilgrim Preferred 65 **	F	MCR-MC

General Documentation  
FY2002 Outpatient Hospital Observation Database

**APPENDIX G**  
**ALPHABETICAL SOURCE OF PAYMENT LIST**  
**Effective October 1, 1997**

<b>SOURCE PAY CODE</b>	<b>SOURCE OF PAYMENT DEFINITIONS</b>	<b>MATCHING PAYER TYPE CODE</b>	<b>PAYER TYPE ABBREVIATION</b>
231	Medicare HMO – Pilgrim Prime	F	MCR-MC
232	Medicare HMO – Seniorcare Direct	F	MCR-MC
233	Medicare HMO – Seniorcare Plus	F	MCR-MC
224	Medicare HMO – Tufts Secure Horizons	F	MCR-MC
225	Medicare HMO – US Healthcare	F	MCR-MC
133	Medicare HMO – Tufts Medicare Supplement (TMS)	F	MCR-MC
43	MEDTAC	8	HMO
96	Metrahealth (United Care of NE)	7	COM
158	Metrahealth – HMO (United Care of NE)	D	COM-MC
172	Metrahealth – POS (United Care of NE)	D	COM-MC
157	Metrahealth – PPO (United Care of NE)	D	COM-MC
201	Mutual of Omaha **	7	COM
62	Mutual of Omaha Insurance	7	COM
33	Mutual of Omaha PPO	D	COM-MC
47	Neighborhood Health Plan	8	HMO
3	Network Blue (PPO)	C	BCBS-MC
207	Network Health (Cambridge Health Alliance MCD Program)	B	MCD-MC
91	New England Benefits	7	COM
63	Mutual of Omaha Insurance	7	COM
64	New York Life Care Indemnity (New York Life Insurance)	7	COM
34	New York Life Care PPO	D	COM-MC
202	New York Life Insurance **	7	COM
159	None (Valid only for secondary source of payment)	N	NONE
31	One Health Plan HMO (Great West Life)	D	COM-MC
77	Options for Healthcare PPO	E	PPO
147	Other Commercial Insurance (not listed elsewhere) ***	7	COM
199	Other EPO (not listed elsewhere) ***	K	EPO
144	Other Government	5	GOV
148	Other HMO (not listed elsewhere) ***	8	HMO
141	Other Medigap (not listed elsewhere)	7	COM
150	Other Non-Managed Care (not listed elsewhere) ***	0	OTH
99	Other POS (not listed elsewhere) ***	J	POS
156	Out of State BCBS	6	BCBS
120	Out-of-State Medicaid	5	GOV
135	Out-of-State Medicare	3	MCR

General Documentation  
FY2002 Outpatient Hospital Observation Database

**APPENDIX G**  
**ALPHABETICAL SOURCE OF PAYMENT LIST**  
**Effective October 1, 1997**

<b>SOURCE PAY CODE</b>	<b>SOURCE OF PAYMENT DEFINITIONS</b>	<b>MATCHING PAYER TYPE CODE</b>	<b>PAYER TYPE ABBREVIATION</b>
65	Paul Revere Life Insurance	7	COM
78	Phoenix Preferred PPO	D	COM-MC
10	Pilgrim Advantage - PPO	E	PPO
39	Pilgrim Direct	8	HMO
8	Pilgrim Health Care	8	HMO
95	Pilgrim Select - PPO	E	PPO
183	Pioneer Health Care EPO	K	EPO
79	Pioneer Health Care PPO	E	PPO
25	Pioneer Plan	8	HMO
149	PPO and Other Managed Care (not listed elsewhere) ***	E	PPO
203	Principal Financial Group (Principal Mutual Life)	7	COM
184	Private Healthcare Systems EPO	K	EPO
166	Private Healthcare Systems POS	J	POS
84	Private Healthcare Systems PPO	E	PPO
75	Prudential Healthcare HMO	D	COM-MC
17	Prudential Healthcare POS	D	COM-MC
18	Prudential Healthcare PPO	D	COM-MC
66	Prudential Insurance	7	COM
93	Psychological Health Plan	E	PPO
101	Quarto Claims	7	COM
168	Reserved		
173-180	Reserved		
185-198	Reserved		
205-209	Reserved		
213-219	Reserved		
226-229	Reserved		
235-249	Reserved		
252-269	Reserved		
145	Self-Pay	1	SP
94	Time Insurance Co	7	COM
100	Transport Life Insurance	7	COM
7	Tufts Associated Health Plan	8	HMO
80	Tufts Total Health Plan PPO	E	PPO
97	Unicare	7	COM
182	Unicare Preferred Plus Managed Access EPO	D	COM-MC
270	Unicare Preferred Plus PPO	D	COM-MC
70	Union Labor Life Insurance	7	COM

General Documentation  
FY2002 Outpatient Hospital Observation Database

**APPENDIX G**  
**ALPHABETICAL SOURCE OF PAYMENT LIST**  
**Effective October 1, 1997**

<b>SOURCE PAY CODE</b>	<b>SOURCE OF PAYMENT DEFINITIONS</b>	<b>MATCHING PAYER TYPE CODE</b>	<b>PAYER TYPE ABBREVIATION</b>
86	United Health & Life PPO (Subsidiary of United Health Plans of NE)	E	PPO
73	United Health and Life (subsidiary of United Health Plans of NE)	7	COM
9	United Health Plan of New England (Ocean State)	8	HMO
74	United Healthcare Insurance Company	7	COM
35	United Healthcare Insurance Company – HMO (new for 1997)	D	COM-MC
163	United Healthcare Insurance Company – POS (new for 1997)	D	COM-MC
36	United Healthcare Insurance Company – PPO (new for 1997)	D	COM-MC
48	US Healthcare	8	HMO
83	US Healthcare Quality Network Choice-PPO	E	PPO
170	US Healthcare Quality POS	J	POS
102	Wausau Insurance Company	7	COM
146	Worker's Compensation	2	WOR

\*\* Supplemental Payer Source

\*\*\*Please list under the specific carrier when possible

General Documentation  
FY2002 Outpatient Hospital Observation Database

**SUPPLEMENTAL PAYER SOURCES  
USE AS SECONDARY PAYER SOURCE ONLY**

<b>SOURCE PAY CODE</b>	<b>SOURCE OF PAYMENT DEFINITIONS</b>	<b>MATCHING PAYER TYPE CODE</b>	<b>PAYER TYPE ABBREVIATION</b>
137	AARP/Medigap Supplement	7	COM
138	Banker's Life and Casualty Insurance	7	COM
139	Bankers Multiple Line	7	COM
136	BCBS Medex	6	BCBS
140	Combined Insurance Company of America	7	COM
200	Hartford Life Insurance Company	7	COM
127	Medicare HMO – Health New England Medicare Wrap	F	MCR-MC
212	Medicare HMO – Healthsource CMHC Central Care Supplement	F	MCR-MC
128	Medicare HMO – HMO Blue for Seniors	F	MCR-MC
129	Medicare HMO-Kaiser Medicare Plus Plan	F	MCR-MC
131	Medicare HMO – Pilgrim Enhance 65	F	MCR-MC
210	Medicare HMO-Pilgrim Preferred 65	F	MCR-MC
201	Mutual of Omaha	7	COM
211	Neighborhood Health Plan Senior Health Plus	F	MCR-MC
202	New York Life Insurance Company	7	COM
141	Other Medigap (not listed elsewhere) ***	7	COM
133	Medicare HMO – Tufts Medicare Supplement (TMS)	F	MCR-MC



General Documentation  
FY2002 Outpatient Hospital Observation Database

**APPENDIX H**  
**NUMERICAL SOURCE OF PAYMENT LIST**  
**Effective October 1, 1997**

<b>SOURCE PAY CODE</b>	<b>SOURCE OF PAYMENT DEFINITIONS</b>	<b>MATCHING PAYER TYPE CODE</b>	<b>PAYER TYPE ABBREVIATION</b>
1	Harvard Community Health Plan	8	HMO
2	Bay State – a product of HMO Blue	C	BCBS-MC
3	Network Blue (PPO)	C	BCBS-MC
4	Fallon Community Health Plan (includes Fallon Plus, Fallon Affiliates, Fallon UMass)	8	HMO
5	Invalid (replaced by #9)		
6	Invalid (replaced by #251)		
7	Tufts Associated Health Plan	8	HMO
8	Pilgrim Health Care	8	HMO
9	United Health Plan of New England (Ocean State)	8	HMO
10	Pilgrim Advantage - PPO	E	PPO
11	Blue Care Elect	C	BCBS-MC
12	Invalid (replaced by #49)		
13	Community Health Plan Options (New York)	J	POS
14	Health New England Advantage POS	J	POS
15	Invalid (replaced by #158)		
16	Invalid (replaced by #172)		
17	Prudential Healthcare POS	D	COM-MC
18	Prudential Healthcare PPO	D	COM-MC
19	Matthew Thornton	8	HMO
20	HCHP of New England (formerly RIGHA)	8	HMO
21	Commonwealth PPO	C	BCBS-MC
22	Aetna Open Choice PPO	D	COM-MC
23	Guardian Life Insurance Company PPO	D	COM-MC
24	Health New England Inc.	8	HMO
25	Pioneer Plan	8	HMO
26	Invalid (replaced by #75)		
27	First Allmerica Financial Life Insurance PPO	D	COM-MC
28	Great West Life PPO	D	COM-MC
29	Invalid (replaced by #171 & 250)		
30	CIGNA (Indemnity)	7	COM
31	One Health Plan HMO (Great West Life)	D	COM-MC
32	Invalid (replaced by #157 & 158)		

General Documentation  
FY2002 Outpatient Hospital Observation Database

**APPENDIX H**  
**NUMERICAL SOURCE OF PAYMENT LIST**  
**Effective October 1, 1997**

<b>SOURCE PAY CODE</b>	<b>SOURCE OF PAYMENT DEFINITIONS</b>	<b>MATCHING PAYER TYPE CODE</b>	<b>PAYER TYPE ABBREVIATION</b>
33	Mutual of Omaha PPO	D	COM-MC
34	New York Life Care PPO	D	COM-MC
35	United Healthcare Insurance Company – HMO (new for 1997)	D	COM-MC
36	United Healthcare Insurance Company - PPO (new for 1997)	D	COM-MC
37	HCHP-Pilgrim HMO (integrated product)	8	HMO
38	Health new England Select (self-funded)	8	HMO
39	Pilgrim Direct	8	HMO
40	Kaiser Foundation	8	HMO
41	Invalid (replaced by #157)		
42	ConnectiCare of Massachusetts	8	HMO
43	MEDTAC	8	HMO
44	Community Health Plan	8	HMO
45	Health Source New Hampshire	8	HMO
46	Blue ChiP (BCBS Rhode Island)	8	HMO
47	Neighborhood Health Plan	8	HMO
48	US Healthcare	8	HMO
49	Healthsource CMHC Plus PPO	E	PPO
50	Blue Health Plan for Kids	6	BCBS
51	Aetna Life Insurance	7	COM
52	Boston Mutual Insurance	7	COM
53	Invalid (no replacement)		
54	Continental Assurance Insurance	7	COM
55	Guardian Life Insurance	7	COM
56	Hartford L&A Insurance	7	COM
57	John Hancock Life Insurance	7	COM
58	Liberty Life Insurance	7	COM
59	Lincoln National Insurance	7	COM
60	Invalid (replaced by #97)		
61	Invalid (replaced by #96)		
62	Mutual of Omaha Insurance	7	COM
63	New England Mutual Insurance	7	COM
64	New York Life Care Indemnity (New York Life Insurance)	7	COM
65	Paul Revere Life Insurance	7	COM

General Documentation  
FY2002 Outpatient Hospital Observation Database

**APPENDIX H**  
**NUMERICAL SOURCE OF PAYMENT LIST**  
**Effective October 1, 1997**

<b>SOURCE PAY CODE</b>	<b>SOURCE OF PAYMENT DEFINITIONS</b>	<b>MATCHING PAYER TYPE CODE</b>	<b>PAYER TYPE ABBREVIATION</b>
66	Prudential Insurance	7	COM
67	First Allmerica Financial Life Insurance	7	COM
68	Invalid (replaced by #96)		
69	Corporate Health Insurance Liberty Plan	7	COM
70	Union Labor Life Insurance	7	COM
71	ADMAR	E	PPO
72	Healthsource New Hampshire	7	COM
73	United Health and Life (subsidiary of United Health Plans of NE)	7	COM
74	United Healthcare Insurance Company	7	COM
75	Prudential Healthcare HMO	D	COM-MC
76	Invalid (replaced by #270)		
77	Options for Healthcare PPO	E	PPO
78	Phoenix Preferred PPO	D	COM-MC
79	Pioneer Health Care PPO	E	PPO
80	Tufts Total Health Plan PPO	E	PPO
81	HMO Blue	C	BCBS-MC
82	John Hancock Preferred	D	COM-MC
83	US Healthcare Quality Network Choice - PPO	E	PPO
84	Private Healthcare Systems PPO	E	PPO
85	Liberty Mutual	7	COM
86	United Health & Life PPO (subsidiary of United Health Plans of NE)	E	PPO
87	CIGNA PPO	D	COM-MC
88	Freedom Care	E	PPO
89	Great West/NE Care	7	COM
90	Healthsource Preferred (self-funded)	E	PPO
91	New England Benefits	7	COM
92	Invalid (replaced by #84, 166, 184)		
93	Psychological Health Plan	E	PPO
94	Time Insurance Co	7	COM
95	Pilgrim Select - PPO	E	PPO
96	Metrahealth (United Health Care of NE)	7	COM
97	Unicare	7	COM

General Documentation  
FY2002 Outpatient Hospital Observation Database

**APPENDIX H**  
**NUMERICAL SOURCE OF PAYMENT LIST**  
**Effective October 1, 1997**

<b>SOURCE PAY CODE</b>	<b>SOURCE OF PAYMENT DEFINITIONS</b>	<b>MATCHING PAYER TYPE CODE</b>	<b>PAYER TYPE ABBREVIATION</b>
98	Healthy Start	9	FC
99	Other POS (not listed elsewhere) ***	J	POS
100	Transport Life Insurance	7	COM
101	Quarto Claims	7	COM
102	Wausau Insurance Company	7	COM
103	Medicaid (includes MassHealth)	4	MCD
104	Medicaid Managed Care-Primary Care Clinician (PCC)	B	MCD-MC
105	Invalid (replaced by #111)		
106	Medicaid Managed Care-Central Mass Health Care	B	MCD-MC
107	Medicaid Managed Care-Community Health Plan	B	MCD-MC
108	Medicaid Managed Care-Fallon Community Health Plan	B	MCD-MC
109	Medicaid Managed Care-Harvard Community Health Plan	B	MCD-MC
110	Medicaid Managed Care-Health New England	B	MCD-MC
111	Medicaid Managed Care-HMO Blue	B	MCD-MC
112	Medicaid Managed Care-Kaiser Foundation Plan	B	MCD-MC
113	Medicaid Managed Care-Neighborhood Health Plan	B	MCD-MC
114	Medicaid Managed Care-United Health Plans of NE (Ocean State Physician's Plan)	B	MCD-MC
115	Medicaid Managed Care-Pilgrim Health Care	B	MCD-MC
116	Medicaid Managed Care-Tufts Associated Health Plan	B	MCD-MC
117	Invalid (no replacement)		
118	Medicaid Mental Health & Substance Abuse Plan – Mass Behavioral Health Partnership	B	MCD-MC
119	Medicaid Managed Care Other (not listed elsewhere) ***	B	MCD-MC
120	Out-Of-State Medicaid	5	GOV
121	Medicare	3	MCR
122	Invalid (replaced by #234)		
123	Invalid (no replacement)		
124	Invalid (replaced by #222)		
125	Medicare HMO – Fallon Senior Plan	F	MCR-MC
126	Invalid (replaced by #230)		
127	Medicare HMO – Health New England Medicare Wrap **	F	MCR-MC
128	Medicare HMO – HMO Blue for Seniors **	F	MCR-MC
129	Medicare HMO – Kaiser Medicare Plus Plan	F	MCR-MC

General Documentation  
FY2002 Outpatient Hospital Observation Database

**APPENDIX H**  
**NUMERICAL SOURCE OF PAYMENT LIST**  
**Effective October 1, 1997**

<b>SOURCE PAY CODE</b>	<b>SOURCE OF PAYMENT DEFINITIONS</b>	<b>MATCHING PAYER TYPE CODE</b>	<b>PAYER TYPE ABBREVIATION</b>
130	Invalid (replaced by #232 and 233)		
131	Medicare HMO – Pilgrim Enhance 65 **	F	MCR-MC
132	Medicare HMO – Matthew Thornton Senior Plan		MCR-MC
133	Medicare HMO – Tufts Medicare Supplement (TMS)	F	MCR-MC
134	Medicare HMO – Other (not listed elsewhere)	F	MCR-MC
135	Out-Of-State Medicare	3	MCR
136	BCBS Medex **	6	BCBS
137	AARP/Medigap Supplement **	7	COM
138	Banker's Life and Casualty Insurance **	7	COM
139	Bankers Multiple Line **	7	COM
140	Combined Insurance Company of America **	7	COM
141	Other Medigap (not listed elsewhere) ***	7	COM
142	Blue Cross Indemnity	6	BCBS
143	Free Care	9	FC
144	Other Government	5	GOV
145	Self-Pay	1	SP
146	Worker's Compensation	2	WOR
147	Other Commercial (not listed elsewhere) ***	7	COM
148	Other HMO (not listed elsewhere) ***	8	HMO
149	PPO and Other Managed Care (not listed elsewhere) ***	E	PPO
150	Other Non-Managed Care (not listed elsewhere) ***	0	OTH
151	CHAMPUS	5	GOV
152	Foundation	0	OTH
153	Grant	0	OTH
154	BCBS Other (not listed elsewhere) ***	6	BCBS
155	Blue Cross Managed Care Other (not listed elsewhere) ***	C	BCBS-MC
156	Out of State BCBS	6	BCBS
157	Metrahealth – PPO (United Health Care of NE)	D	COM-MC
158	Metrahealth – HMO (United Health Care of NE)	D	COM-MC
159	None (valid only for secondary source of payment)	N	NONE
160	Blue Choice (includes Healthflex Blue) - POS	C	BCBS-MC
161	Aetna Managed Choice POS	D	COM-MC
162	Great West Life POS	D	COM-MC

General Documentation  
FY2002 Outpatient Hospital Observation Database

**APPENDIX H**  
**NUMERICAL SOURCE OF PAYMENT LIST**  
**Effective October 1, 1997**

<b>SOURCE PAY CODE</b>	<b>SOURCE OF PAYMENT DEFINITIONS</b>	<b>MATCHING PAYER TYPE CODE</b>	<b>PAYER TYPE ABBREVIATION</b>
163	United Healthcare Insurance Company – POS (new for 1997)	D	COM-MC
164	Healthsource CMHC Plus POS	J	POS
165	Healthsource New Hampshire POS (self-funded)	J	POS
166	Private Healthcare Systems POS	J	POS
167	Fallon POS	J	POS
168	Reserved		
169	Kaiser Added Choice	J	POS
170	US Healthcare Quality POS	J	POS
171	CIGNA POS	D	COM-MC
172	Metrahealth – POS (United Health Care NE)	D	COM-MC
173-180	Reserved		
181	First Allmerica Financial Life Insurance EPO	D	COM-MC
182	Unicare Preferred Plus Managed Access EPO	D	COM-MC
183	Pioneer Health Care EPO	K	EPO
184	Private Healthcare Systems EPO	K	EPO
185-198	Reserved		
199	Other EPO (not listed elsewhere) ***	K	EPO
200	Hartford Life Insurance Co **	7	COM
201	Mutual of Omaha **	7	COM
202	New York Life Insurance **	7	COM
203	Principal Financial Group (Principal Mutual Life)	7	COM
204	Christian Brothers Employee	7	COM
207	Network Health (Cambridge Health Alliance MCD Program)	B	MCD-MC
208	HealthNet (Boston Medical Center MCD Program)	B	MCD-MC
205-209	Reserved		
210	Medicare HMO – Pilgrim Preferred 65 **	F	MCR-MC
211	Medicare HMO – Neighborhood Health Plan Senior Health Plus **	F	MCR-MC
212	Medicare HMO – Healthsource CMHC Central Care Supplement **	F	MCR-MC
213-219	Reserved		
220	Medicare HMO – Blue Care 65	F	MCR-MC
221	Medicare HMO – Harvard Community Health Plan 65	F	MCR-MC
222	Medicare HMO – Healthsource CMHC	F	MCR-MC

General Documentation  
FY2002 Outpatient Hospital Observation Database

**APPENDIX H**  
**NUMERICAL SOURCE OF PAYMENT LIST**  
**Effective October 1, 1997**

<b>SOURCE PAY CODE</b>	<b>SOURCE OF PAYMENT DEFINITIONS</b>	<b>MATCHING PAYER TYPE CODE</b>	<b>PAYER TYPE ABBREVIATION</b>
223	Medicare HMO – Harvard Pilgrim Health Care of New England Care Plus	F	MCR-MC
224	Medicare HMO – Tufts Secure Horizons	F	MCR-MC
225	Medicare HMO – US Healthcare	F	MCR-MC
2236-229	Reserved		
230	Medicare HMO – HCHP First Seniority	F	MCR-MC
231	Medicare HMO – Pilgrim Prime	F	MCR-MC
232	Medicare HMO – Seniorcare Direct	F	MCR-MC
233	Medicare HMO – Seniorcare Plus	F	MCR-MC
234	Medicare HMO – Managed Blue for Seniors	F	MCR-MC
235-249	Reserved		
250	CIGNA HMO	D	COM-MC
251	Healthsource CMHC HMO	8	HMO
252-269	Reserved		
270	UniCare Preferred Plus PPO	D	COM-MC
271	Hillcrest HMO	8	HMO
272	Auto Insurance	T	AI
990	Free Care – co-pay, deductible, or co-insurance (when billing for free care services use #143)	9	FC

\*\* Supplemental Payer Source

\*\*\* Please list under the specific carrier when possible

**APPENDIX H**  
**NUMERICAL SOURCE OF PAYMENT LIST**  
**Effective October 1, 1997**

**SUPPLEMENTAL PAYER SOURCES**  
**USE AS SECONDARY PAYER SOURCE ONLY**

<b>SOURCE PAY CODE</b>	<b>SOURCE OF PAYMENT DEFINITIONS</b>	<b>MATCHING PAYER TYPE CODE</b>	<b>PAYER TYPE ABBREVIATION</b>
127	Medicare HMO – Health New England Medicare Wrap	F	MCR-MC
128	Medicare HMO – HMO Blue for Seniors	F	MCR-MC
129	Medicare HMO – Kaiser Medicare Plus Plan	F	MCR-MC
131	Medicare HMO – Pilgrim Enhance 65	F	MCR-MC
133	Medicare HMO – Tufts Medicare Supplement (TMS)	F	MCR-MC
136	BCBS Medex	6	BCBS
137	AARP/Medigap Supplement	7	COM
138	Banker's Life & Casualty Insurance	7	COM
139	Bankers Multiple Line	7	COM
140	Combined Insurance Company of America	7	COM
141	Other Medigap (not listed elsewhere) ***	7	COM
200	Hartford Life Insurance Co.	7	COM
201	Mutual of Omaha	7	COM
202	New York Life Insurance Company	7	COM
210	Medicare HMO – Pilgrim Preferred 65	F	MCR-MC
211	Neighborhood Health Plan Senior Health Plus	F	MCR-MC
212	Medicare HMO – Healthsource CMHC Central Care Supplement	F	MCR-MC



General Documentation  
FY2002 Outpatient Hospital Observation Database

**APPENDIX I. MERGERS, NAME CHANGES, CLOSURES, CONVERSIONS,  
AND NON-ACUTE CARE HOSPITALS**

**MERGERS**

<b>ORIGINAL ENTITIES</b>	<b>NAME OF NEW ENTITY</b>	<b>DATE</b>
Berkshire Medical Center Hillcrest Hosp. & Fairview Hosp.	Berkshire Health System	July 1996
Beth Israel Hospital N.E. Deaconess Hospital	Beth Israel Deaconess Medical Center	October 1996
Boston University Medical Center Boston City Hospital Boston Specialty/Rehab	Boston Medical Center Corporation	July 1996
Cambridge Hospital Somerville Hospital	Cambridge Health Alliance – As of July 2001, included Cambridge, Somerville, Whidden, & Malden’s 42 Psych beds. Malden now closed. Please note that Cambridge & Somerville submitted data separately in the past. This year they are submitting under one name. In future years, they may use the Facility Site Number to identify each individual facility’s discharges.	July 1996
Hallmark Health – Malden Hospital	Cambridge Health Alliance – Malden’s 42 Psych beds	April 2001 – Now Closed
Hallmark Health – Whidden Memorial Hospital	Cambridge Health Alliance – Whidden Memorial	July 2001
Cape Cod Hospital Falmouth Hospital	Cape Cod Health Systems	January 1996
Cardinal Cushing General Hospital Goddard Memorial Hospital	Good Samaritan Medical Center	October 1993
Lawrence Memorial Hospital, Malden Hospital, and Unicare Health Systems (Melrose-Wakefield and Whidden Memorial Hospital)	Hallmark Health Systems, Inc. – As of July 2001 included just Lawrence Memorial and Melrose Wakefield	October 1997
Burbank Hospital & Leominster Hospital	Health Alliance, Inc.	November 1994

General Documentation  
FY2002 Outpatient Hospital Observation Database

**APPENDIX I. MERGERS, NAME CHANGES, CLOSURES, CONVERSIONS,  
AND NON-ACUTE CARE HOSPITALS**

**MERGERS**

ORIGINAL ENTITIES	NAME OF NEW ENTITY	DATE
Holden District Hospital Worcester Hahnemann Hospital Worcester Memorial Hospital	Medical Center of Central Massachusetts	October 1989
Mercy Hospital Providence Hospital	Sisters of Providence	June 1997
Leonard Morse Hospital Framingham Union Hospital	MetroWest Medical Center	January 1992
Beverly Hospital Addison Gilbert Hospital	Northeast Health Systems	October 1996
Salem Hospital North Shore Children's Hospital	North Shore Medical Center	April 1988
St. John's Hospital St. Joseph's Hospital	Saints Memorial Medical Center	October 1992
Charlton Memorial Hospital St. Luke's Hospital Tobey Hospital	Southcoast Health Systems	June 1996
Memorial Health Care University of Mass. Medical Center	UMass. / Memorial Medical Center	April 1999
Melrose-Wakefield Hospital Whidden Memorial Hospital	Unicare Health Systems	July 1996

General Documentation  
FY2002 Outpatient Hospital Observation Database

**APPENDIX I. MERGERS, NAME CHANGES, CLOSURES, CONVERSIONS,  
AND NON-ACUTE CARE HOSPITALS**

**NAME CHANGES**

<b>ORIGINAL ENTITIES</b>	<b>NAME OF NEW ENTITY</b>	<b>DATE</b>
Beth Israel Hospital New England Deaconess Hospital	Beth Israel Deaconess Medical Center	
Glover Memorial Hospital Deaconess-Glover Hospital	Beth Israel Deaconess – Needham	July 2002
Boston City Hospital University Hospital	Boston Medical Center – Harrison Avenue Campus	
New England Memorial Hospital	Boston Regional Medical Center	Now Closed.
Cambridge Hospital Somerville Hospital	Cambridge Health Alliance – now includes Cambridge, Somerville & Whidden	
Hallmark Health Systems – Malden & Whidden	Cambridge Health Alliance – Malden & Whidden	Malden now closed.
Cape Cod Hospital Falmouth Hospital	Cape Cod Health Care Systems	
Cardinal Cushing Hospital Goddard Memorial Hospital	Caritas Good Samaritan Medical Center	
Norwood Hospital Southwood Hospital Good Samaritan Med. Ctr.	Caritas Norwood, Caritas Southwood, Caritas Good Samaritan Medical Center	
St. Elizabeth's Medical Center	Caritas St. Elizabeth's Medical Center	
Lawrence Memorial Hospital Melrose-Wakefield Hospital	Hallmark Health Lawrence Memorial Hospital & Hallmark Health Melrose-Wakefield Hospital	

General Documentation  
FY2002 Outpatient Hospital Observation Database

**APPENDIX I. MERGERS, NAME CHANGES, CLOSURES, CONVERSIONS,  
AND NON-ACUTE CARE HOSPITALS**

**NAME CHANGES**

<b>ORIGINAL ENTITIES</b>	<b>NAME OF NEW ENTITY</b>	<b>DATE</b>
Bon Secours Hospital	Holy Family Hospital	
Vencor Hospitals – Boston & North Shore	Kindred Hospitals – Boston & North Shore	
Lahey Hitchcock Clinic	Lahey Clinic Hospital	
Framingham Union Hospital Leonard Morse Hospital / Columbia MetroWest Medical Center	MetroWest Medical Center – Framingham Union Hospital & Leonard Morse Hospital	
Haverhill Municipal (Hale) Hospital	Merrimack Valley Hospital	Essent Health Care purchased this facility in September 2001
Beverly Hospital Addison Gilbert Hospital	Northeast Health Systems	
Salem Hospital North Shore Children's Hospital	North Shore Medical Center - Salem	
Union Hospital	North Shore Medical Center - Union	
Quincy City Hospital	Quincy Hospital	
Charlton Memorial Hospital St. Luke's Hospital Tobey Hospital	Southcoast Health Systems	

General Documentation  
FY2002 Outpatient Hospital Observation Database

**APPENDIX I. MERGERS, NAME CHANGES, CLOSURES, CONVERSIONS,  
AND NON-ACUTE CARE HOSPITALS**

**NAME CHANGES**

<b>ORIGINAL ENTITIES</b>	<b>NAME OF NEW ENTITY</b>	<b>DATE</b>
Clinton Hospital	UMass. Memorial – Clinton Hospital	
Health Alliance Hospital	UMass. Memorial – Health Alliance Hospital	
Marlborough Hospital	UMass. Memorial – Marlborough Hospital	
Wing Memorial Hospital	UMass. Memorial – Wing Memorial Hospital	
UMass. Medical Center	UMass. Memorial Medical Center	
Waltham-Weston Hospital Deaconess Waltham Hospital	Waltham Hospital	June 2002 Now closed.

General Documentation  
FY2002 Outpatient Hospital Observation Database

**APPENDIX I. MERGERS, NAME CHANGES, CLOSURES, CONVERSIONS,  
AND NON-ACUTE CARE HOSPITALS**

**CLOSURES**

<b>HOSPITAL</b>	<b>COMMENTS</b>
Amesbury Hospital	Closed.
Boston Regional Hospital	Closed.
Burbank Hospital	Closed.
Cable Emergency Center	Closed.
Goddard Hospital	Closed.
Hunt Memorial Hospital	Closed. Now outpatient services only.
Ludlow Hospital	Closed.
Lynn Hospital	Closed.
Mary Alley Hospital	Closed.
Massachusetts Osteopathic Hospital	Closed.
Medical Center of Symmes	Closed.
St. Luke's Hospital in Middleborough	Closed.
St. Margaret's Hospital for Women	Closed.
Worcester City Hospital	Closed.

NOTE: Subsequent to closure, some hospitals may have reopened for used other than an acute hospital (e.g., health care center, rehabilitation hospital, etc.)

General Documentation  
FY2002 Outpatient Hospital Observation Database

**APPENDIX I. MERGERS, NAME CHANGES, CLOSURES, CONVERSIONS,  
AND NON-ACUTE CARE HOSPITALS**

**CONVERSIONS & NON-ACUTE CARE HOSPITALS**

<b>HOSPITAL</b>	<b>COMMENTS</b>
Fairlawn Hospital	Converted to non-acute care hospital
Heritage Hospital	Converted to non-acute care hospital
Vencor – Kindred Hospital Boston	Non-acute care hospital
Vencor – Kindred Hospital – North Shore	Non-acute care hospital